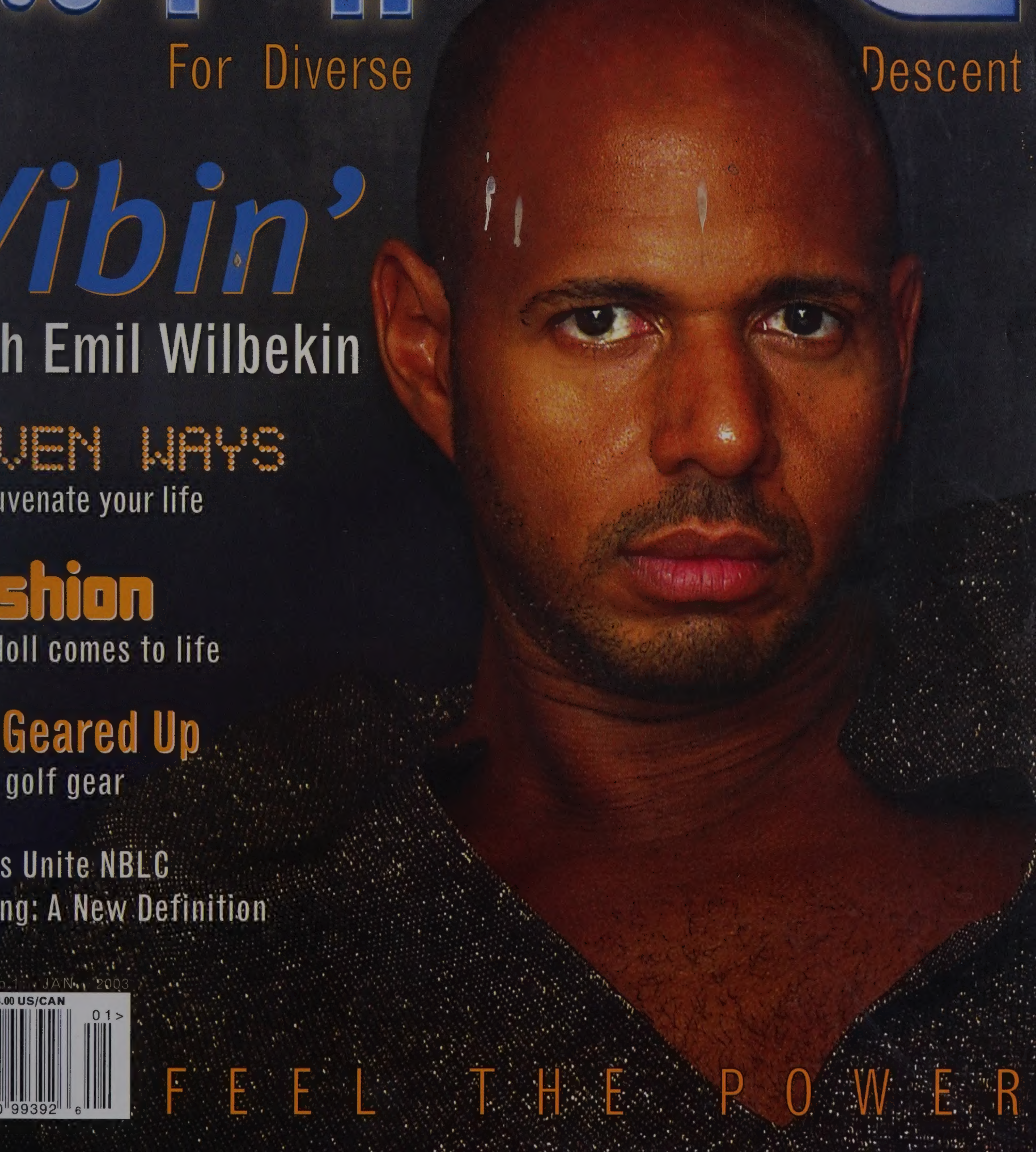
ART STYLE TRAVEL ENTERTAINMENT PEOPLE

ARISE

For Diverse Descent



Vibin'
with Emil Wilbekin

SEVEN WAYS
to rejuvenate your life

Fashion
miss doll comes to life

Get Geared Up
urban golf gear

Sisters Unite NBLC

Cruising: A New Definition

Vol.3 No.1 JAN. 2003

$4.00 US/CAN

01>

0 74470 99392 6

FEEL THE POWER

GlaxoSmithKline
Diagnosed with HIV in 1991.

HIV changed my life,
but it doesn't keep me from living.

–Earvin "Magic" Johnson

Every day, we're learning more about HIV and about living with the virus. If you've tested positive, talk with a doctor about a treatment plan that may be right for you.

For information about living with HIV,
call 1-888-TREAT HIV or visit www.TreatHIV.com.

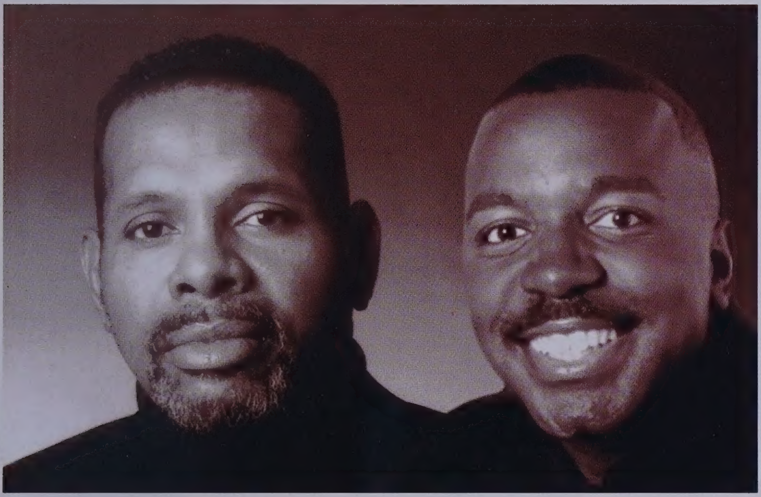
©2002 The GlaxoSmithKline Group of Companies All rights reserved. Printed in USA. HIV220R0 October 2002

SEARCHING

Alice S. Cobb

The chains that bind my thinking
That dares me to speak
Once scarred my great-grandmother
On that bleak journey inhumanly bleak.
The words that I mutter
The piece covering my hair
Bespeak all that I have suffered
And the decades of despair.
So I look to a mountain undiscovered
Where destiny's urgent quest
Offers a private balcony
Where a *black* woman can protest.
Where she dare speak truth defiantly
Revivify soul ridiculed and undressed
Where she dare preen and reaffirm
Her womanness.

illustration by Nuwāvo for Arise Communications



I had to make my own living and my own opportunity ... don't sit down and wait for the opportunities to come; you have to get up and make them.

Madam C.J. Walker 1867 – 1919
Entrepreneur

January offers us that unique time of the year to revisit our dreams, visions and aspirations. The year has just begun and with each breath, we are revitalized with life to explore our options, consider our choices and pursuit opportunities. This is a time of looking forward, while appreciating our journey thus far.

In keeping with this time of the year, ARISE celebrates the principle of Rejuvenation.

In its truest sense, rejuvenation speaks to the act of making young, or bringing vitality to a given situation or set of circumstances. The time has come for us to revitalize our minds, our spirits and our bodies. We may even discover that the recent holiday season has left us in a position of having to revitalize our finances. But more than anything, we would like to challenge each and every one of us to rejuvenate our commitment to build community among each other and across the nation.

Whether we realize it or not, the stage has already seen set for the 2004 Presidential elections. There are many critical issues facing us as a diverse community of African descent and as a nation; not the least of which is economic security, access to health care and international policy.

The decisions we make today have far reaching consequences, not only for ourselves but for our children as well. Yes, we are at the beginning of a new and wondrous year, but vital decisions are being made and we must ensure that our voices are heard and acknowledged.

Lesbian, Gay, Bisexual, Transgender and Same Gender Loving People of African Descent must move into this New Year with boldness, casting aside trepidation. In this year, we must vigorously participate in creating the kind the community that is reflective of our values, lest we find ourselves once more on the margins whining about "what could have been."

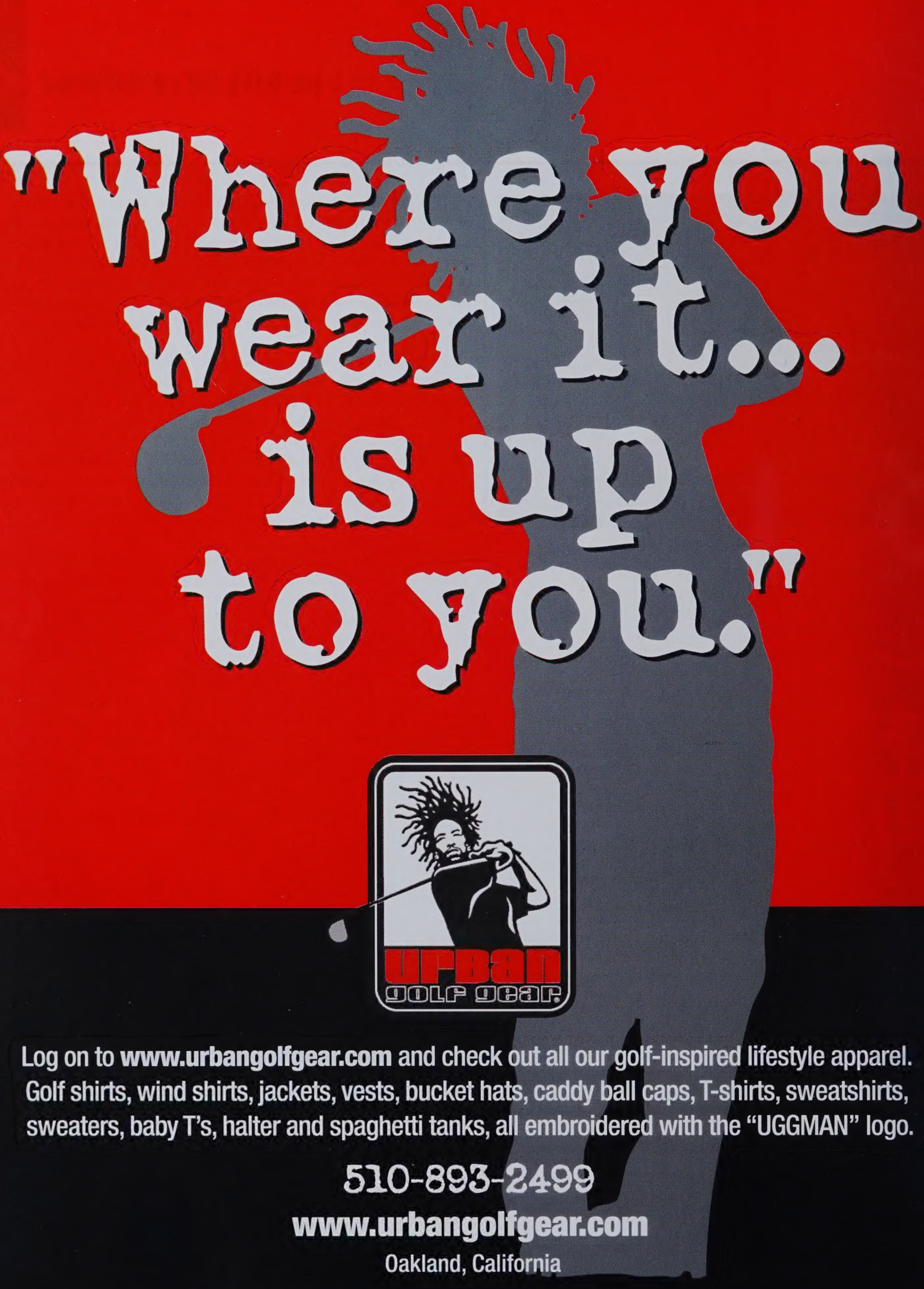
It is time to rejuvenate our passion, invigorate our dreams and most of all stimulate our commitment to change the world in which we live, so that it truly becomes a safe place intended by the Creator, for all of us to live and enjoy life. We cannot wait for opportunities to be benevolently extended to us. The time has come for us to "get up and make them," in keeping with Madam C.J. Walker's sentiment.

If time is moving, why are "We" standing still? Let's move out!

MacArthur H. Flournoy G. Alexander

MacArthur H. Flournoy & Glenn Alexander
Publishers

arise@arisemag.com


"Where you wear it... is up to you."
urban
golf gear

Log on to **www.urbangolfgear.com** and check out all our golf-inspired lifestyle apparel. Golf shirts, wind shirts, jackets, vests, bucket hats, caddy ball caps, T-shirts, sweatshirts, sweaters, baby T's, halter and spaghetti tanks, all embroidered with the "UGGMAN" logo.

510-893-2499

www.urbangolfgear.com

Oakland, California

photo by David Jacquot

ARISE

EDITOR-IN-CHIEF	MacArthur H. Flournoy
MANAGING EDITOR	Glenn Alexander
FEATURES EDITOR	Akilah Monifa
WOMEN'S HEALTH EDITOR	Kimberly Hicks, MD
MEN'S HEALTH EDITOR	Dr. David Malebranche
NEXT GENERATION EDITOR	Tim'm T. West
ENTERTAINMENT EDITOR	Chaz Crowder
TRANSGENDER COMMUNITY EDITOR	Sharyn Grayson
CONTRIBUTING WRITERS	Loren R. Javier, Denise Liggett, Phill Wilson, Akilah Monifa, Sundiata Alaye, Hameed "Heru" Williams
CREATIVE DIRECTOR	Melissa Vega
ARTISTIC DIRECTOR	Mike Whiteside
ADVERTISING DIRECTOR	Glenn Alexander
FASHION EDITORS	Eric Hollis, John Mortimer, Oded Levy

ARISE Magazine
1533 41st Street, Sacramento, CA 95819
phone: 916.454.2781 fax: 916.454.2789
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved.

Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing. Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

contents

rejuvenation

January 2003 – V3 Issue 1

45

ARISE

libation to the elders 02

publishers' letter 03

table of contents 06

features editor letter 10

COVER STORY

vibin' with emil wilbekin 35

FEATURES

response to november 2002 elections 12

the hope continues 15

zuna: the national black lesbian conference 16
by MacArthur Flournoy

making the music his 21
by Sean Drakes

a charge to the black church:
when I think of home 32
by James McKissic, MPA

mocha: the men of color 43

HIV/AIDS coalition
by the Chicago Department of
Public Health HIV/AIDS, STD, TB
& Public Policy Division

urban golf gear 45
by Akilah Monifa

let's talk cruising 47
by Joseph Robinson

our ignorance and denial are killing us 57
by brent dorian carpenter

seven ways to rejuvenate your life 62
by MacArthur Flournoy

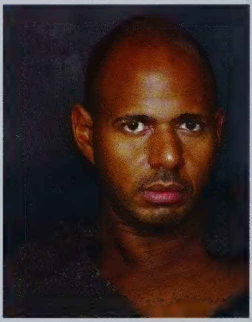
miss doll comes to life 65
by Oded Levy

NIA collective 15th anniversary:
"the gathering" 75
by Marva C. Edwards

dance 88
by Kurt Barber

35

photo by David Jacquot



COVER
Photo by:
David Jacquot

contents

photo by Sean Drakes

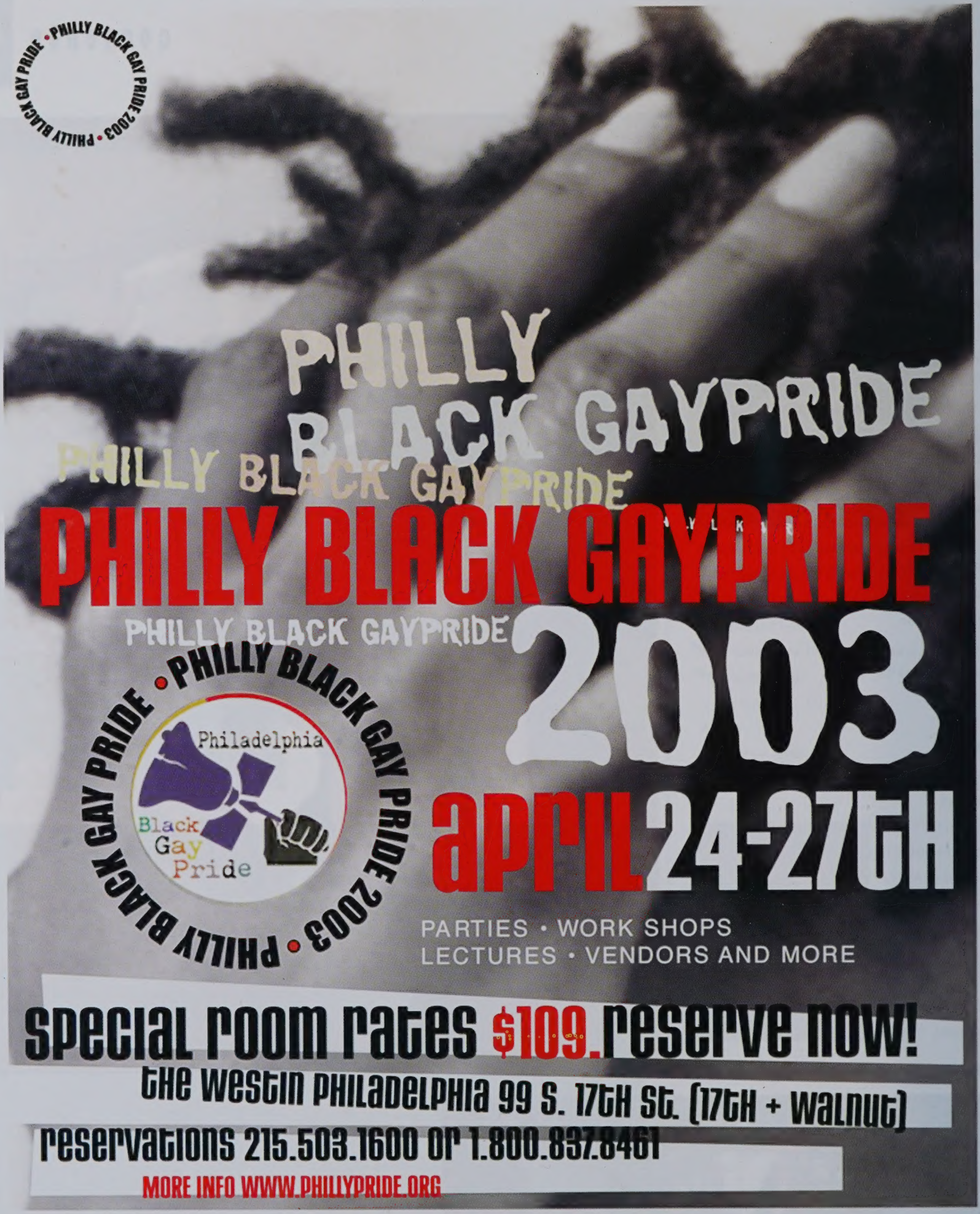
DEPARTMENTS

fashion 27
next generation 81
currency 86
black men's health 91

COLUMNS

building our communities / building ourselves 55
by Hameed "Heru" Williams
the spirit reminds us 72
Sundiata Alayé
transformations 78
by Sharyn Grayson
glaad: tackling homophobia in "the real world" 94
Loren Javier

photo by Oded Levy



PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

2003

april 24-27th

• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003

Philadelphia Black Gay Pride

PARTIES • WORK SHOPS
LECTURES • VENDORS AND MORE

special room rates $109. reserve now!

the westin philadelphia 99 s. 17th st. (17th + walnut)

reservations 215.503.1600 or 1.800.837.8461

MORE INFO WWW.PHILLYPRIDE.ORG

Into Living

©2002 Community Marketing Concepts, Inc. (718) 243-9300

Us Helping Us
(202) 546-8200

UHU
US HELPING US Inc.

Funded by the D.C. HIV/AIDS Administration and the Centers for Disease Control and Prevention #99091.

AKILAH SPEAKS: January for Arise is about rejuvenation.

Many of us begin the month and the year with a celebration from the last day of December, New Year's Eve. We have often heard it said that "we end the year is the way we begin the year." Resolutions abound, but actions speak louder than words. Jan. 1st is also the last day of Kwanzaa, Imani, which means faith.

But as we begin rejuvenation, our country is also on the brink of war, this time against Iraq. And we have to have faith that we will not go to war. Innocent lives will be lost, American lives as well as the lives in the country we are waging war against. And of course it is people of color who take the lion's share of the impact. We are disproportionately on the front lines, the infantry.

And the Rev. Martin Luther King Jr. who steadfastly stood for peace and nonviolence has his birthday commemorated during January. What would he have thought of these times and what words of wisdom could he have added if he were still alive.

Last year ended with two of our leaders in a public spat: Harry Belafonte and Secretary of State Colin Powell. Ironically, I have to side with the Republican on this one. Not that I think we shouldnt air our so-called dirty laundry in public, but I think it is more about how we disagree with each other, especially as people of color. We are not monolithic and there is room for differences and civil disagreements. Meanwhile, former President Bill Clinton was inducted into the Arkansas Black Hall of Fame. I'm all for inclusion, but am I missing something?

Arise begins 2003 with articles on the hot new clothing line, Urban Golf Gear, a report on the upcoming National Black Lesbian Conference, an article questioning the role of the Black church, a tour of art in the Smithsonian Institute, and finally specific ways to rejuvenate.

Happy New Year! Happy Kwanzaa! May 2003 bring you your wishes and what you worked for.

Imani,

Akilah Monifa

Akilah Monifa
Features Editor

STILL TOGETHER
15 YEARS
AT THE BEACH

SAVE THE DATE
JULY 3-6, 2003

ESCAPE TO PARADISE

Thursday, July 3, 2003, Noon to 5 p.m.

To be Empowered

"Empowerment" is the theme for the Third Annual Dialogue Conference Series. We will discuss and strategize on ideas to strengthen ourselves and the community in an open and free space. It's paradise!

Friday, July 4, 2003, Noon to 5 p.m.

Empowerment II

Words are mere words without action! Let's return to our communities with a renewed sense of pride to make a positive difference by implementing the ideas, strategies and ideas and goals we have developed.

Friday, July 4. 2003, 6 p.m. to 10 p.m.

Evening in Paradise

The Opening Reception and Dinner Banquet will reflect 15 years in the making of "At The Beach Shorey Inc. L. A. Black Pride with a feast fit for kings and queens!

Saturday, July 5, 2003, 7 a.m. to dusk

Barefoot in Paradise

Escape to the renowned Malibu Beach Party where you will meet, greet and play with same gender loving people from all around the world! Games, contests, feasting and shopping for that special treasure in paradise. A day of fun!

Saturday, July 5, 2003, 10 p.m. to 3 a.m.

Escape to Paradise

The At The Beach Official After Party will be held at a new location, with live entertainment, dancing, drink specials and 5,000 of the hottest bodies you have ever laid eyes on from the world over! If you miss the Beach Party, don't dare miss this event!

Sunday, July 6, 2003, 11 a.m. to 7 p.m.

Peace in Paradise

Let's start the day with prayer, continue with a barbecue, then a book signing and art exhibit where you can meet the most talented authors and artists in the community!

WESTIN AIRPORT HOTEL

ASK FOR ATB RATE
800-228-3000 OR 310-216-5858

AT THE BEACH SHOREY INC.
4745 W. SLAUSON AVE.
LOS ANGELES, CA 90056
323-293-4ATB, 323-291-2888 FAX
WWW.ATBLA.COM, ATBLA@AOL.COM

arise asked:

"In your estimation, how will a Republican Administration, Senate, Congress and Judiciary impact the lives of ethnically diverse & LGBT communities inthe coming years, and what is the role of these respective communities in addressing their concerns?"

Phill Wilson
Executive Director
African American AIDS Policy Training Institute

There is a tremendous probability that this year's election will prove to be a huge disaster for a woman's right to choose, real progress in efforts to fight the HIV/AIDS pandemic, the elimination or reduction of racial disparities in America, or equal protection under the law for Lesbian, gay, bisexual and transsexual people. Unless we are ever vigilant and begin to mobilize with a tremendous sense of urgency, we can expect increased attacks on choice, the expansion of abstinence only policies, and a disregard of equal access and equal rights for people of color and LGBT people.

Keith Boykin
Author - Essayist

While the Democrats regroup, we will see a sharp rise in the number of conservative judges appointed to the federal courts, more tax cuts for the wealthy, more money to the already bloated defense budget, and more support for the president's war on Iraq. Faced with a budget crisis that was hardly discussed in the campaign, the president will be forced to choose between cutting popular programs or presiding over huge new deficits and a dramatic increase in the federal debt.

Michael B. Elazier
Congressional Black Caucus Communication Director

My major focus during this election was for the Democrats to maintain control of the Senate to protect the minority communities from the conservative judicial appointments that former Gov. Bush, (I refuse to call him, President), will now be able to push through the confirmation process in the Senate without anyone to stop him. In the morning following the election, in his first interview, the first thing Sen. Trent Lott mentioned when asked to comment on work to be done in the 108th Congress was the more than nineteen judicial appointments that are stalled in the Senate because the Democrats had the power to prevent hearings on the nominees. What some people fail to realize is that the appointment to the bench is for LIFE, some 20-30 years. So, in essence, Bush Administration's policies do not end when he is prayerfully defeated in 2004, it continues through the enforcement of these unfair policies by these judges who are now all but confirmed in light of the change of power in the Senate. What can be done? Well, from now to election day you can use this venue, ARISE Magazine, with its fabulous content, its wonderful photos and a glossy cover that is the envy of O Magazine, to educate our communities about the importance of just showing up on election day to vote. 165,400 African-Americans in a recent poll voted Janet Jackson the sexiest woman alive. Now don't get me wrong, I would have voted for her too, but what the @$%@# is that going to do to prevent mandatory minimum sentencing practices, driving while black profiling, and three strike policies championed by the Republican party. I would like to know how many of those 165,400 participants of the poll voted in the Nov. 5th election. How many times will I have to say, EVERY VOTE COUNTS. In some races, a democrat was defeated by a republican by less than 2,000 votes. Basically, our country is at the mercy of the Republican party until we, who are most adversely affected by their harsh policies, SHOW UP to VOTE. And let me also call upon the Democratic party to re-energize its base vote.

Wayne Besen
Human Rights Campaign

HRC is ready for the new challenges on the horizon. Fortunately, the organization has had a bipartisan approach which will help build bridges and overcome some of the difficulties from a more conservative leadership. In the changed environment, HRC must look to expand its approach and move forward with new issues. The time has come to contemplate the numerous federal issues regarding sexual orientation and gender identity and expression. We must look at a whole range of economic benefits issues, such as taxation, pension and retirement benefits, immigration and hospital visitation rights. Finally, our work must begin early to strengthen ourselves for the next election.

If you don't have the energy to do the things you used to do, **ASK YOUR DOCTOR** about your red blood cell count.

You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

FOR ANEMIA INDUCED BY AZT-CONTAINING REGIMENS IN HIV PATIENTS

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.,** Bridgewater, New Jersey 08807-0914

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

PROCRIT®
EPOETIN ALFA
For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS,
REFER TO THE PHYSICIANS' DESK REFERENCE®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

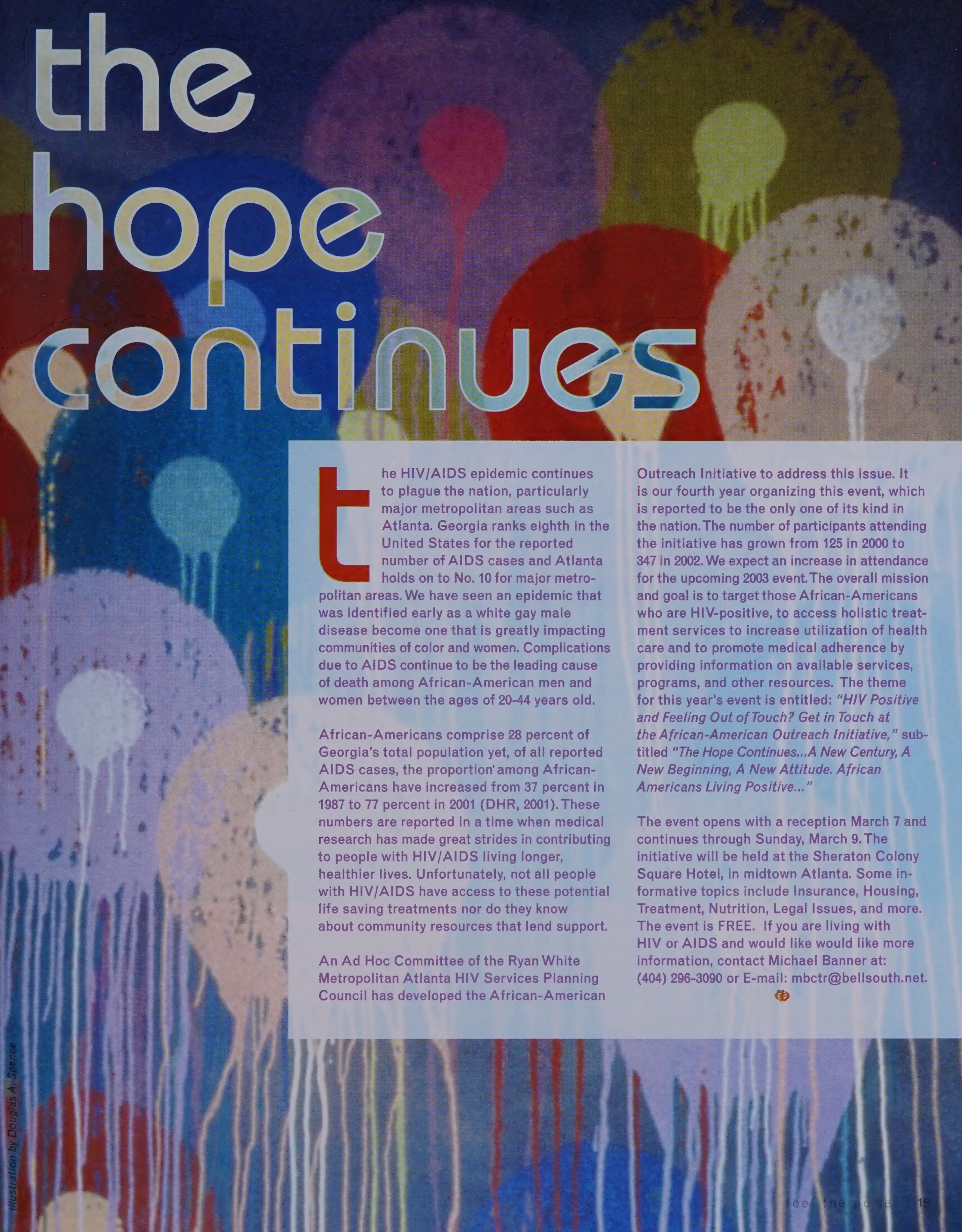
STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

◆

ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
December 2000 638-29-979-9BH



the hope continues

The HIV/AIDS epidemic continues to plague the nation, particularly major metropolitan areas such as Atlanta. Georgia ranks eighth in the United States for the reported number of AIDS cases and Atlanta holds on to No. 10 for major metropolitan areas. We have seen an epidemic that was identified early as a white gay male disease become one that is greatly impacting communities of color and women. Complications due to AIDS continue to be the leading cause of death among African-American men and women between the ages of 20-44 years old.

African-Americans comprise 28 percent of Georgia's total population yet, of all reported AIDS cases, the proportion among African-Americans have increased from 37 percent in 1987 to 77 percent in 2001 (DHR, 2001). These numbers are reported in a time when medical research has made great strides in contributing to people with HIV/AIDS living longer, healthier lives. Unfortunately, not all people with HIV/AIDS have access to these potential life saving treatments nor do they know about community resources that lend support.

An Ad Hoc Committee of the Ryan White Metropolitan Atlanta HIV Services Planning Council has developed the African-American Outreach Initiative to address this issue. It is our fourth year organizing this event, which is reported to be the only one of its kind in the nation. The number of participants attending the initiative has grown from 125 in 2000 to 347 in 2002. We expect an increase in attendance for the upcoming 2003 event. The overall mission and goal is to target those African-Americans who are HIV-positive, to access holistic treatment services to increase utilization of health care and to promote medical adherence by providing information on available services, programs, and other resources. The theme for this year's event is entitled: *"HIV Positive and Feeling Out of Touch? Get in Touch at the African-American Outreach Initiative,"* subtitled *"The Hope Continues...A New Century, A New Beginning, A New Attitude. African Americans Living Positive..."*

The event opens with a reception March 7 and continues through Sunday, March 9. The initiative will be held at the Sheraton Colony Square Hotel, in midtown Atlanta. Some informative topics include Insurance, Housing, Treatment, Nutrition, Legal Issues, and more. The event is FREE. If you are living with HIV or AIDS and would like would like more information, contact Michael Banner at: (404) 296-3090 or E-mail: mbctr@bellsouth.net.

Illustration by Douglas A. Spence

ZUNA

the national black lesbian conference

by MacArthur H. Flournoy

ZUNA Institute

Hundreds of black women of varying ages, backgrounds, economic standing and education levels will converge on Los Angeles April 11 - 13 2003, for a history making event, The National Black Lesbian Conference (NBLC).

The NBLC is the brainchild of Zuna's Institute's founder and president, Francine Ramsey. The theme for the conference will be "Building Community: Moving Forward."

Vallerie Wagner is an experienced conference planner, serving as Conference Co-Chair for the National Black Gay Lesbian and Leadership Forum' Annual Conference from 1993 - 1997. So it stands to reason that Wagner would become a Conference Co-Chair for this year's NBLC to be held in Los Angeles.

"The NBLC will explore important issues that affect the daily loves of black lesbians such as lack of recognition, stigmatization and reversing the effects of negatively held images" stated Ramsey.

According to Wagner "This has not been for lack of work, we have always been unusually committed. Zuna has taken an amazing step in bringing black lesbians to the national forefront."

In Ramsey's view, black lesbians have distinct issues, concerns and needs, which are often lost in the milieu of broader LBGT organizations. While the intent may be to address black lesbian needs with broad stroke approaches, Ramsey asserts that quite often the interest of black lesbians are rarely addressed in a meaningful way and often are marginalized.

"That makes our work that much more difficult and all the more important" says Wagner.

Both Wagner and Ramsey recognize that support is diminishing for the LGBT movement as a whole, further diminishing the availability of resources to serve the needs of black lesbians.

When it comes to securing financial support for Zuna and its scope of work Ramsey expresses concern. "Funders don't realize that there are black lesbians. We have to deal with issues of race, class, economics and gender," notes Ramsey.

> "Our hope is that each sister will leave this conference knowing she can make a difference in her own community. Women do come together for our individual and collective strength. This is our tradition. I am who I am because of women who came before me. Women like June Jordan, Audre Lorde and so many others."
> Vallerie Wagner, NBLC Co-Chair

Ramsey notes one situation in particular that illustrates this concern. "One example of this is the National Lesbian Health Conference that was held in Washington DC. September 2002. Health and Human Services rescinded a grant in the amount of $75,000 just prior to the conference start. There were no definitive reasons offered. From that, we can see that lesbian health is not a concern to the federal government, much less a priority."

When asked if homophobia, internalized and otherwise is a challenge for black lesbians, both Ramsey and Wagner erupt in laughter.

"There's a been a running a joke that there are only ten lesbians in the country. It is not easy being a lesbian, a woman, or a black lesbian. We are playing into the myth that "its nobody's business who I sleep with" A lot of it has to do with not wanting to put another label on us. That's where self hatred comes in." according to Ramsey.

"In talking with Dr. Marjorie Hill on one particular occasion she told me "I can't separate the fact that I am black anymore than I can separate that I am a woman." Identity politics is important – but sometimes we take it to a level where it immobilizes us. We have to figure out a way to move beyond the stuck place," offered Wagner.

> "We are here to do some work. We are here to pool some resources. We are reclaiming our educational power, our political power, our spiritual power and ourselves. This conference will be about a sense of connection and power. But more than that it will be FUN." Carol Hill NBLC Organizer

Ramsey offers yet another perspective. "Fear of disclosure for many women is about being afraid of losing our families, our employment which means losing our financial security. That's why Zuna was established, to address those issues."

The NBLC has coordinated outreach efforts with sister organizations like United Lesbians of African Descent (ULOAH) in Los Angeles, The NIA Collective in Oakland, California, Women in the Life in Atlanta and African Ancestral Lesbians United for Societal Change (AALUSC) of New York.

"We will be reaching out to all of these organizations. But I believe one of the most important things that we have to do is reach women where they are no such organizations," states Ramsey.

"There is a particular group that comes to mind. These sisters live in Arkansas. They all set their clocks so they can get up at midnight to meet each other and spend time just to have a little freedom. They can't be who they are in the day. These sisters are bringing one hundred women to the conference. There's another group of women coming form Cleveland Ohio. They are doing fundraising to make the journey. This is very much a grass roots movement."

Carol Hill, an articulate progressive youngish sister understands the attraction of the NBLC. "We are here to do some work. We are here to pool some resources. We are reclaiming our educational power, our political power, our spiritual power and ourselves. This conference will be about a sense of connection and power. But more than that it will be FUN."

Veteran conference planner, Vallerie Wagner agrees with Hill. "This conference will be about a sense of self. Our hope is that each sister will leave this conference knowing she can make a difference in her own community. Women do come together for our individual and collective strength. This is our tradition. I am who I am because of women who came before me. Women like June Jordan, Audre Lorde and so many others."

The ever-visionary Ramsey offers an enduring hope. "This event will build a national network. We want to connect women across lines of class, age and education. We want to peel off

ZUNA
Institute

layers of fear - empowering women to be themselves. Peel off one layer at a time. It's okay to be a black lesbian."

◆

"This event will build a national network. We want to connect women across lines of class, age and education. We want to peel off layers of fear - empowering women to be themselves. Peel off one layer at a time. It's okay to be a black lesbian." Francine Ramsey, Zuna Founder & President, NBLC Chair

For more information on the
National Black Lesbian Conference
check: http://www.zunainstitute.org/
or contact Zuna Institute
6114 LaSalle Ave #527
Oakland, CA 94611
510.482.1671 voicemail
916.419.5075 voice
916.419.0738 fax

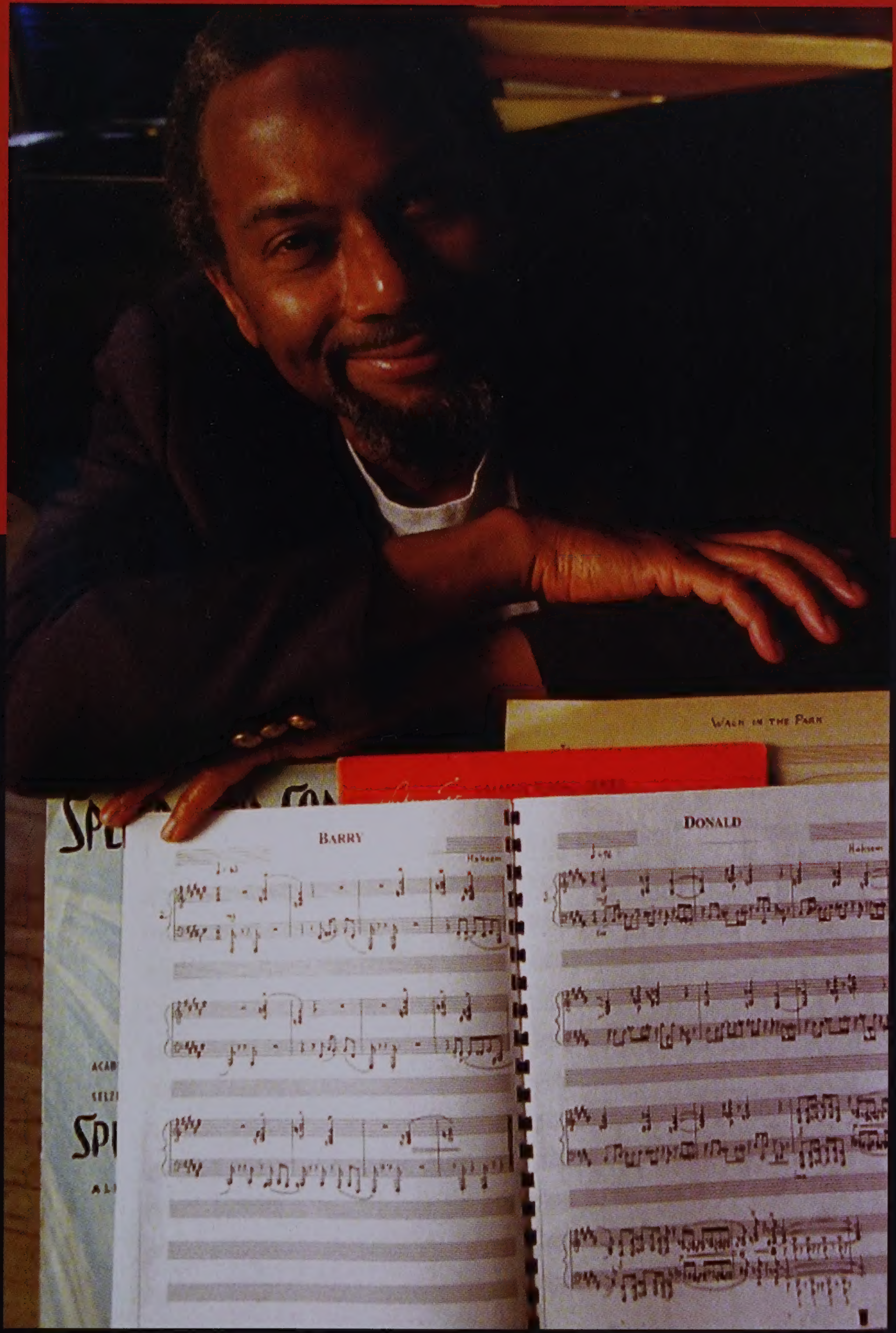
art • artifacts • books • collectibles • curiosities • cards

A cultural art space where emerging international artists and writers can share their work and be appreciated.

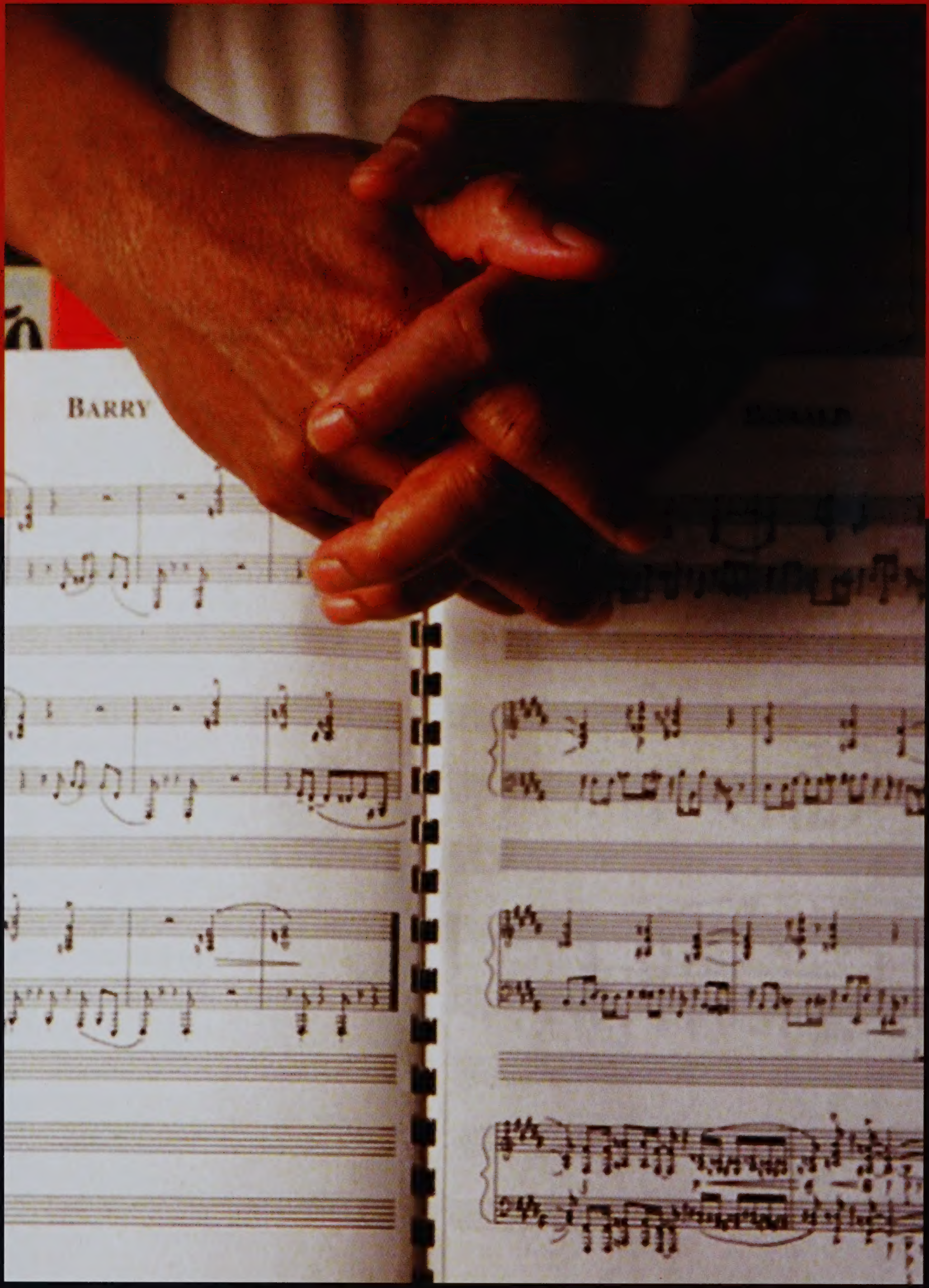
Tue.–Fri. 4 p.m. – 8 p.m. • Sat. Noon – 8 p.m. • Sun. & Mon. by appt.
3202 East Broadway • Long Beach, CA 90803 • 562.434.1180 • mataispouncil@aol.com

Designed by ARISE Communications, Inc.

making the music his



Interview and photography by Sean Drakes



BARRY

The Voice of Fate. Delicate Sadness. Rage. Noble Suffering. Calm Reflection. Exuberant Joy. This is Tchaikovsky's fourth symphony. "It's a huge emotional mess," Hakeem Muhammad said. "But sometimes you need to have a good wallow in a depression." There is no begging the question, does art reflect life in the case of pianist, composer, scholar and poet Hakeem Muhammad. The journey he's composed during the last 57 years plays a little like Tchaikovsky, but more like a "chaotic Tone Poem," a symphonic piece of music based on a dramatic idea usually with no standard formal structure.

On Thursday nights, Hakeem can be found where his love for the piano began, in Harlem. In a kitsch soulful restaurant called Windows Over Harlem, set in the skyscraper that houses former President Bill Clinton's uptown digs, Hakeem performs his "Afro-Americana" project. This original work gives prominence to African-American styles in European classical music. "This presence can be found in the music of the American George Gershwin, the Cuban Ernesto Lecuona, the French Claude, Debussy, the Czech Antonin Dvorak, as well as, in African-Americans Scott Joplin and R. Nathaniel Dett," Hakeem said. Insightful historical comments accompany his performance, which includes his original compositions. Hakeem was 6, and his brother, Artie Knibbs, was 8, when their mother, Lulu, sent them to Dr. Eileen Southern at the Harlem YMCA for piano lessons. But, only Hakeem would let the piano lead his life. "When I was 13, some schoolmates and I went to a Russian exhibit at the Coliseum. They had pianos on exhibit, and my friends pushed me up to play. When I started playing, I remember, there was a Chopan nocturne that I played. I went through my entire repertoire, and a crowd of some 400 people gathered and they wouldn't let me stop playing. That was when I realized I was playing real music. All this time I thought I was playing children's music." A string of state and national awards, and receiving a diploma from the Piano Guild at age 16, cued a bright future for a gifted prodigy.

At 16, Hakeem enrolled at Harvard University. A Harvard National Scholar, he was among the top 50 in an entering class of 1,200. By 27 he completed Harvard's requisite two-year residency and earned his Ph.D. in music composition. Hakeem is the fourth African-American to receive both the B.A. and doctorate degree from Harvard, those before him were W.E.B. Du Bois, Alain Locke, and Frank Snowden, Jr. A tale of two cities is a fair caption for Hakeem's life during Harvard. "I wasn't closeted, because I wasn't concerned with whether people knew I was gay, I was just concerned with the reality of it. I was seeing psychiatrists, dating women, guzzling beer and smoking cigars." His parents were the first he told, but being hard-working Depression era survivors, they dismissed his disclosure as a "phase."

Shortly after Harvard, Hakeem's focus shifted from music to Islam. Influenced by a friend, he joined the Nation of Islam. "I was just very open to things. I left my job teaching music theory at Antioch College to move to Washington, D.C. to teach at Howard University and make the decision to join the Nation." The February 1975 death of Nation leader Elijah Muhammad spurred deconstruction, not only in the organization, but in Hakeem's life. "Many Muslims were summoned to

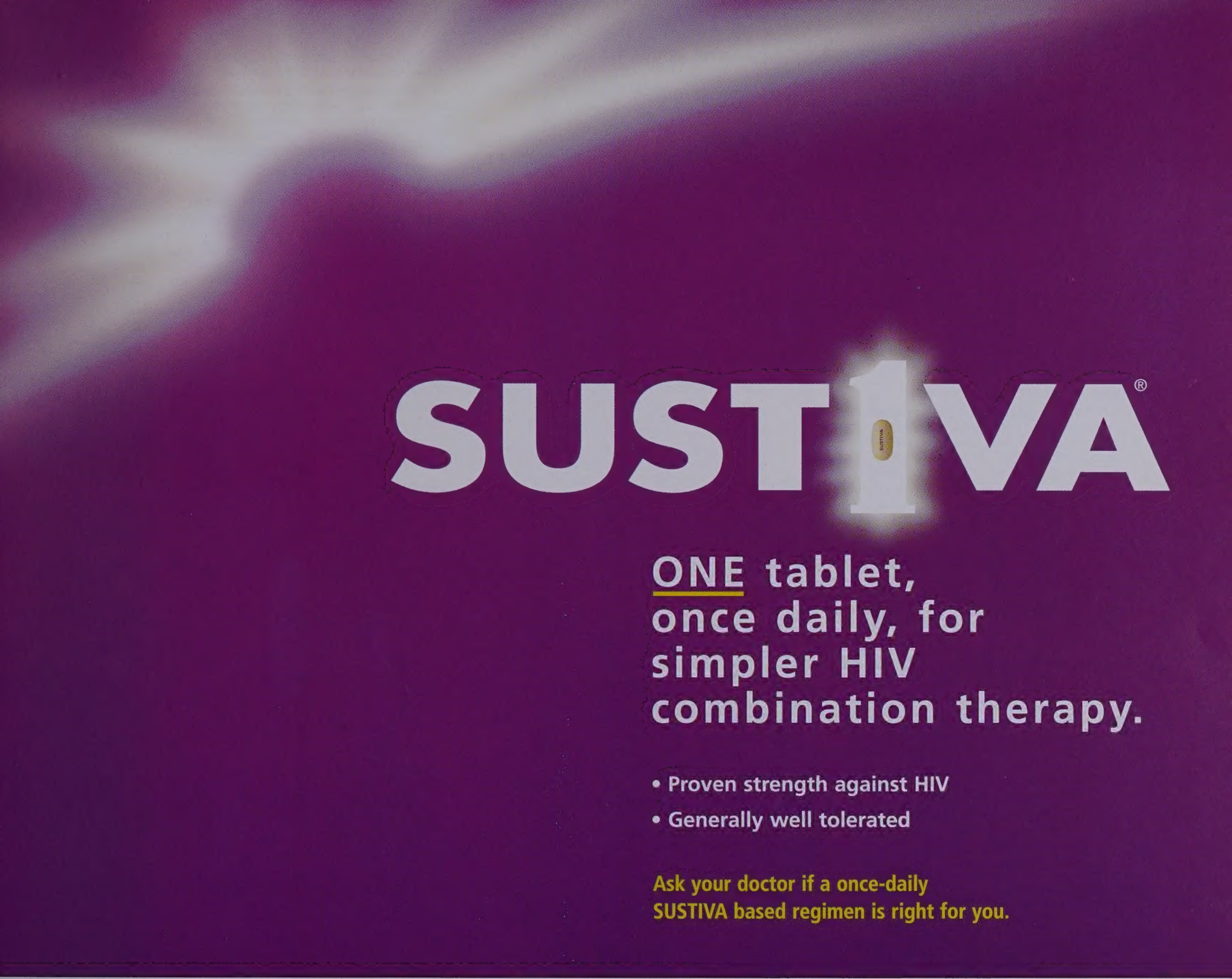
Chicago," Hakeem said. "I went with the intention to teach; there was political conflict and I got thrown out without a job. I was chewed up and spit out."

At the time, the Nation seemed the only organization left that was actually benefiting black Americans," Hakeem said. He remains at odds with hypocritical Muslims who choose not to deliver the message of their faith to homosexuals. "The Message does not begin with, Thou shalt not be homosexual. It starts with, 'There is nothing to be worshipped except the Creator of the heavens and the earth.' That is the fundamental message." "If you do not deliver this message you have not delivered The Message," he declares. "I understand gay people, African-Americans in particular, being turned off to Islam because they haven't heard The Message." He is also convinced that the phobia he contends with in the Black Muslim community stems from African-American culture, "They didn't become homophobic because they're Muslim, they put it into the teachings."

Life is a series of dramatic and melodic movements. Hakeem is practicing these days unlike at any time in his life. In fact, one gets the impression he's not had enough time in life to practice. He describes his personal style, which he as provided to small and large ensembles, as "20th century modern European, like Schoenberg, Stravisky. Basically, it's a European frequently intense idiom." His aggressiveness is also evident in his take on classical music. "The whole idea behind classical music is that it's about universal concepts; it's got Africa in it, China in it, Indonesia in it, South America in it. It's like a stew, he said. "Once you master something you can do with it what you want." "Take Leontyne Pryce, she's huge, but at the same time she's doing something that has been done for over a century the very way it has already been done, though very well. My attitude toward classical music is to do with it what we want, not just embrace it with an idea that it has to be whatever the European Americans have decided it's supposed to be. When basketball was invented, African Americans weren't allowed to play. Now look at it, white people have to get permission."

While he battles to live the dream he deferred, Hakeem continues to do what gives joy to his heart: composing innovative musical projects. "The African Roots of European Classical Music," is a presentation with illustrations, examples played at the piano and from recordings. He's angling to make it a book with an accompanying CD. This subject covers history from Ancient Egypt to the 20th century, from the Ancient Greeks to Bach, Beethoven, Brahms and Stravinsky. He's exploring with intention to perform —"Beethoven's Christmas Sonata" — for the answer to the question of what was the meaning of the birth of the son of Mary to Beethoven, a person of obvious African ancestry. His crown jewel is "Ode to Ota Benga," a historical lecture with piano improvisations. Visit Hakeem's Web site: www.doctorhakeem.com for his synopsis of this phenomenal work deserving of a nationwide museum tour.

Each day he practices, refines a project, or pitches for a gig Hakeem is reworking the life he calls a "Tone Poem" into a symphony. "In the final movement," he said, "things either come together or they fall apart."



SUSTIVA®
ONE tablet, once daily, for simpler HIV combination therapy.
• Proven strength against HIV
• Generally well tolerated
Ask your doctor if a once-daily SUSTIVA based regimen is right for you.

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

SUSTIVA does not cure HIV or prevent passing HIV to others.

Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.

ONE Tablet
Once Daily
SUSTIVA®
efavirenz

BMS Virology™
Bristol-Myers Squibb Company

www.sustiva.com

SUSTIVA® and the SUNBURST LOGO are registered trademarks of Bristol-Myers Squibb Pharma Company. The other brands listed are the registered trademarks of their respective owners and are not the trademarks of Bristol-Myers Squibb Company.
©2002, Bristol-Myers Squibb Company, Princeton, NJ 08543, USA.

T4-K0003 11/02

℞ ONLY

PATIENT INFORMATION

SUSTIVA®* (sus-TEE-vah)

[efavirenz (eh-FAH-vih-rehnz)**]** capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section **"MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA."**

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?

Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?

General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA**:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA**:

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA**:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

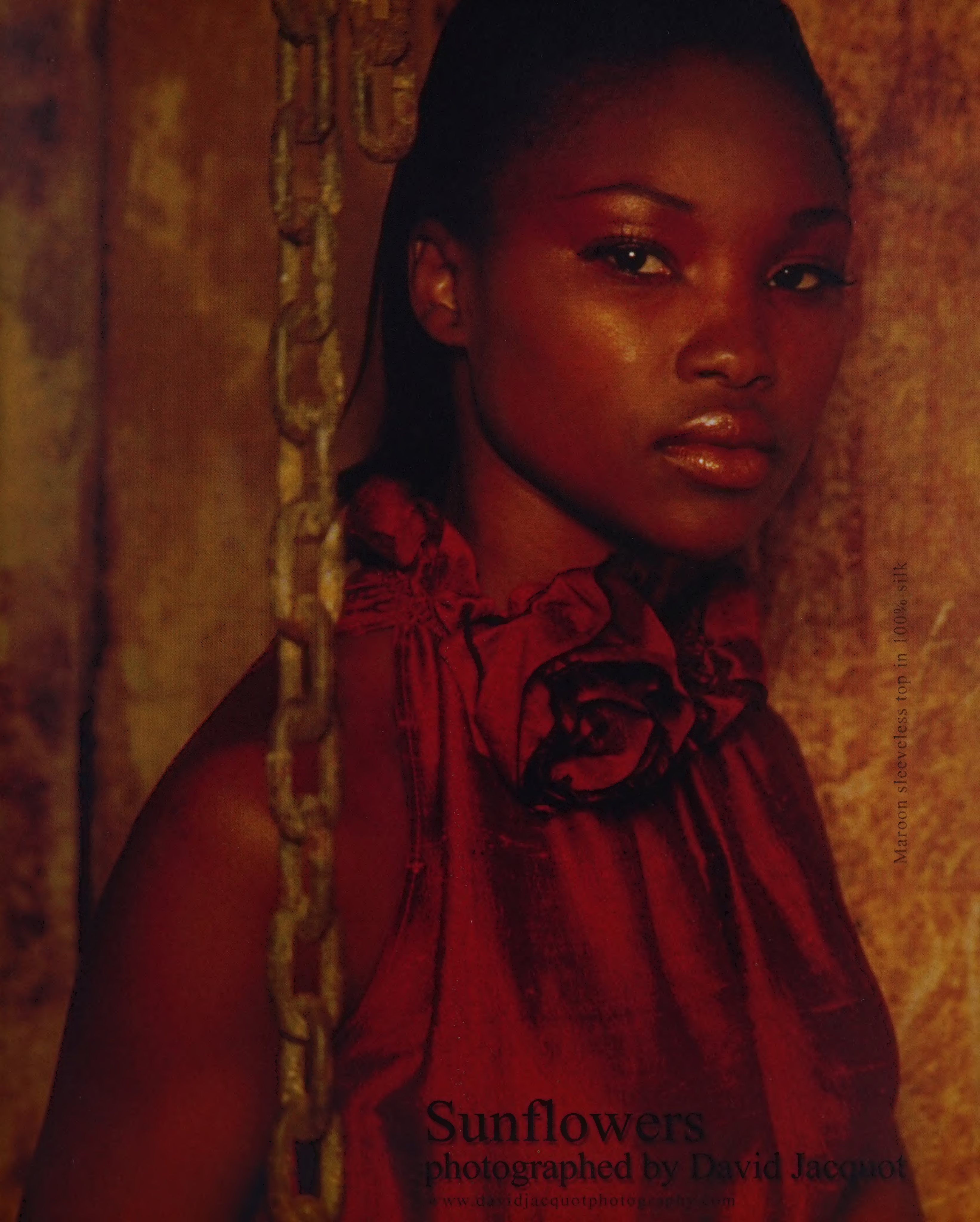
* SUSTIVA® is a registered trademark of Bristol-Myers Squibb Pharma Company.

** The brands listed are the registered trademarks of their respective owners and are not trademarks of Bristol-Myers Squibb Company.

Distributed by:

BMS Virology™
Bristol-Myers Squibb Company
Princeton, NJ 08543
U.S.A.

T4-B001B-11-02 6495-07
Revised April 2002



Maroon sleeveless top in 100% silk

Sunflowers

photographed by David Jacquot

www.davidjacquotphotography.com

Denim leaf hat and sleeveless button down dress in 100% silk

Single strap gown in hand beaded tulle

Yellow halter top in high tech cotton with yellow silk ribbon tie and yellow cotton mesh skirt

All clothing is one of a kind and
hand made by designer Selma Karaca
from her Sunflower Collection
available at Foravi in Soho, NYC
and Institute in Soho, NYC
(www.selmakaraca.com)

Styled by Eric Hollis • Make-up and hair by Susumu Kayaki • Models are Ji-Ann and Aminata • Graphic Design by Heidi Gans

When I Think of Home

by James McKissic, MPA

I was "raised in the church" and as a child reveled in the type of religious community where everyone knew your name, adults looked out for you, and everyone praised your academic and social progress. My schoolteachers, my barber, my mentors and friends of my parents all attended the same Baptist church. For African-Americans in a small southern town the church was not only the place where families "got their praise on," it was often the nucleus of the community – a place where we were in control, where we provided needed services to those less fortunate while mingling with those of similar values. When I visit my family in Tennessee, I still attend my home church.

Conversely, my church was the first place where I learned that my feelings of attraction to men were despised. *We* were there; teaching Sunday school, singing in the choir, playing the piano, on the deacon board . . . contributing on the sidelines – as often is the place of Black gay men and women. I can't say that my church was overtly homophobic, no one ever shouted, "We have to do something about these homosexuals!" But no one ever said you are welcome; and, homophobia is just as much a feeling as an action directed at you. So, when I finished my undergraduate degree and moved from my hometown – I left church, but not my faith, behind.

I have so much admiration for my brothers and sisters who have stuck it out in the Black Church, an environment that welcomes our gifts with outstretched arms but refuses to *see* us. There *are* faith alternatives like MCC and

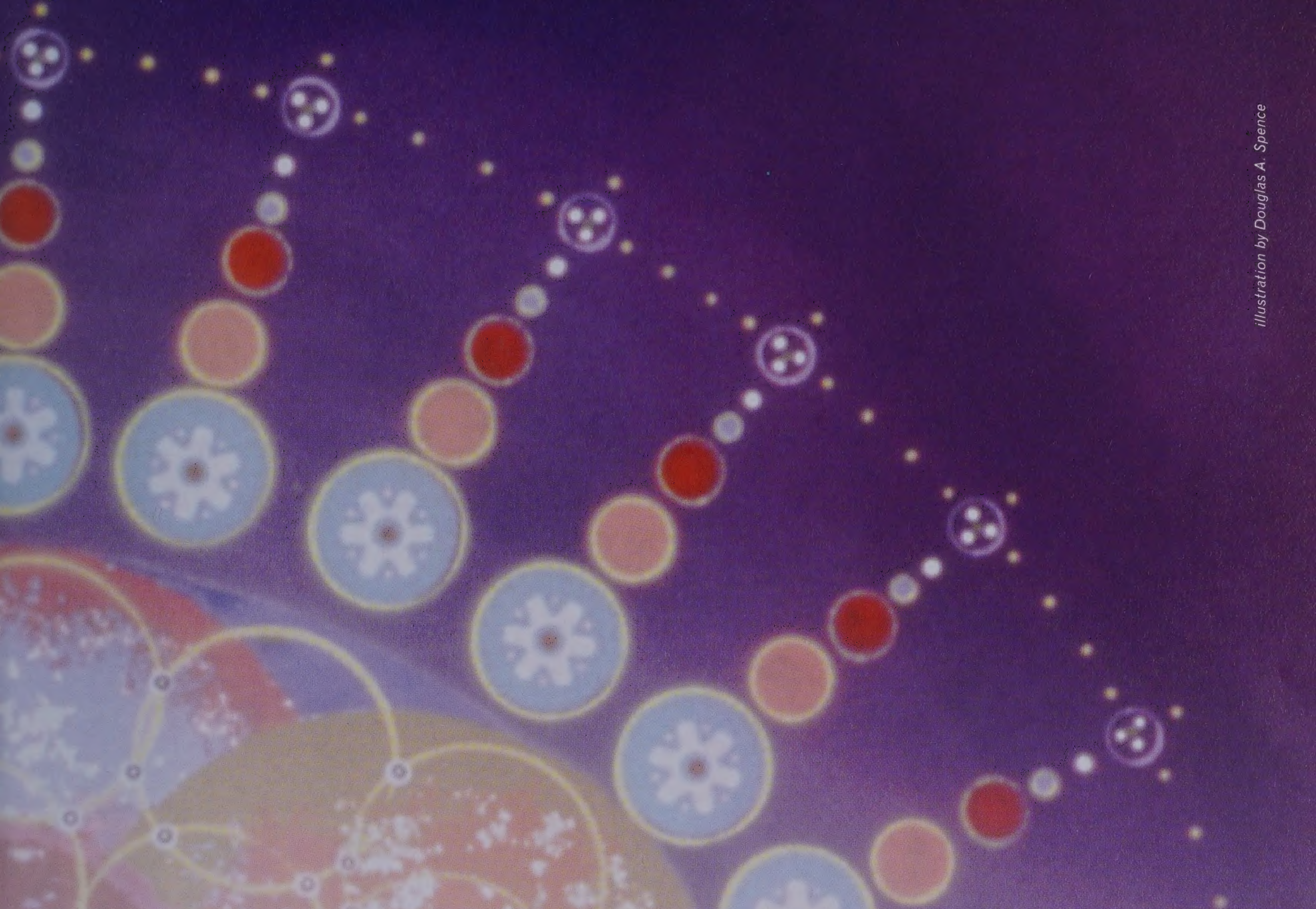


illustration by Douglas A. Spence

Unity Fellowship Church (at which I worshipped in Atlanta and Brooklyn), but mainstream Black churches that have policies of openly welcoming gays and lesbians are rare. My concern has always been how, as an out, open, up-front Black gay man, do I participate and worship fully in a Black Church.

This summer, in China, I stood behind an intricately carved banister, staring into a Buddhist temple. I listened to the orange-robed monks chanting and knew, feeling their voices reverberate through my body, that something deeply religious was going on, but I was an outsider. Often, I feel the same in church – knowing that something intensely religious is in progress, but I, a Black gay man, will always be on the periphery -- because of who I am and who I love. As I sit on the pew, my mind races. Is the pastor including me in his prayers of health and prosperity? When he preaches on the sacredness of a Christian relationship, is my relationship included? How do I know, when my present place of worship has a *don't ask don't tell* policy regarding sexual orientation. In both my current church, and the church of my childhood, I felt like an outsider. Only the familiarity of shared language and the images of Jesus, trumped the Buddhist Temple.

At thirty, after evaluating my life and finally accepting all of the blessings that the higher power has given me, I gave in to my Grandmother and began to seek a *church home.* In the seven years since I attended church regularly my faith has allowed me to watch my parents grow older, see my niece and nephews born, travel throughout the world, easily find employment in a career that I adore, and settle into a loving relationship. Although I express praise for my blessings daily, I feel the need to publicly show my thanks, and I want to do it in a church home.

We all have heard, "Church is not a building" and it isn't. But for those of us who experienced childhood and adolescence within the embrace of a church family, time and again church is defined by four walls and a steeple. But for most of us there is a lock on the church door. Whether treating us with invisibility or disgust, the Black Church, represents home for many African-American SGL brothers and sisters. But, it is a home from which many of us have run. Some remain, only to participate behind the mask. Will the Black Church ever step up and accept us, in our completeness, along with our financial support, skills, talents and leadership abilities? Will we ever find our place at home?

James McKissic, MPA is a freelance writer who manages an urban education project in Connecticut. He can be reached at j.mckissic.1@alumni.nyu.edu

ART

APPAREL

“CLASSIC CITY STYLE”

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

ACCESSORIES

designed by Nuwāvo for Arise Communications

DSM
DEEP SOLE MEN

530 Grand Avenue, Oakland, CA 94610
Telephone (510) 835-SOLE Fax (510) 835-3760
Web: www.deepsole.com Email: info@deepsole.com

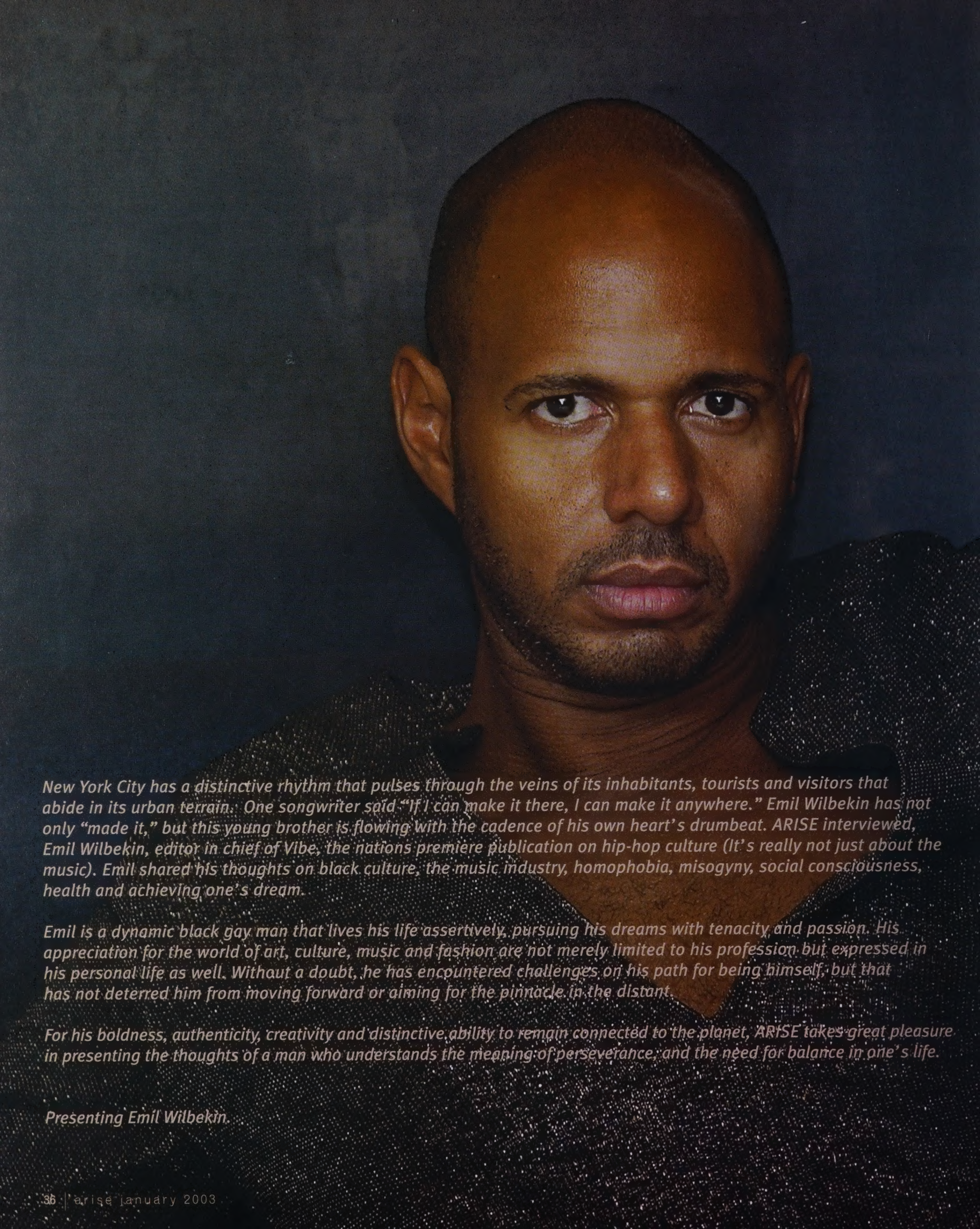
VIBIN'

with Emil Wilbekin

By MacArthur H. Flournoy

Photography by David Jacquot

www.davidjacquotphography.com

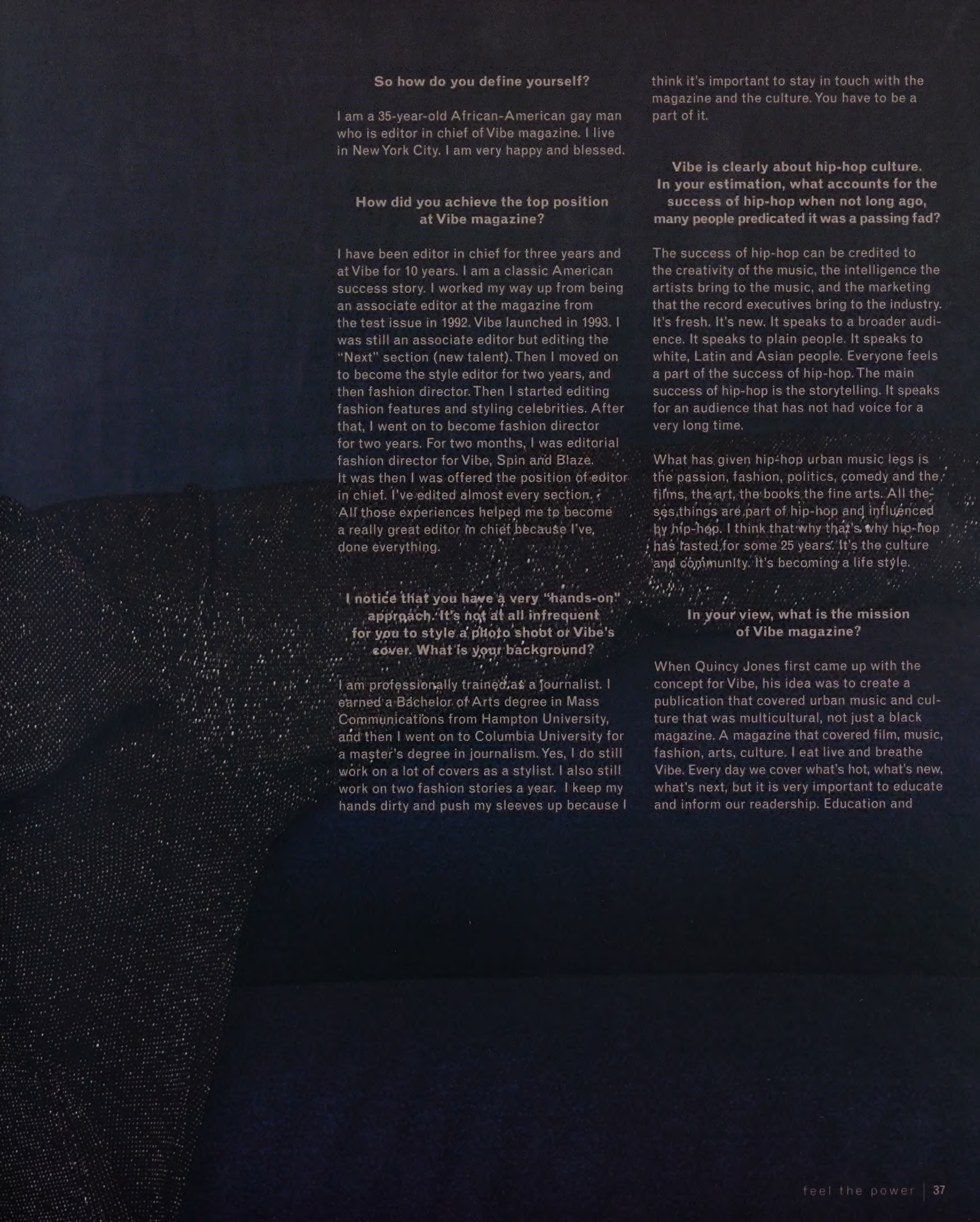


New York City has a distinctive rhythm that pulses through the veins of its inhabitants, tourists and visitors that abide in its urban terrain. One songwriter said "If I can make it there, I can make it anywhere." Emil Wilbekin has not only "made it," but this young brother is flowing with the cadence of his own heart's drumbeat. ARISE interviewed, Emil Wilbekin, editor in chief of Vibe, the nations premiere publication on hip-hop culture (It's really not just about the music). Emil shared his thoughts on black culture, the music industry, homophobia, misogyny, social consciousness, health and achieving one's dream.

Emil is a dynamic black gay man that lives his life assertively, pursuing his dreams with tenacity and passion. His appreciation for the world of art, culture, music and fashion are not merely limited to his profession but expressed in his personal life as well. Without a doubt, he has encountered challenges on his path for being himself, but that has not deterred him from moving forward or aiming for the pinnacle in the distant.

For his boldness, authenticity, creativity and distinctive ability to remain connected to the planet, ARISE takes great pleasure in presenting the thoughts of a man who understands the meaning of perseverance, and the need for balance in one's life.

Presenting Emil Wilbekin.



So how do you define yourself?

I am a 35-year-old African-American gay man who is editor in chief of Vibe magazine. I live in New York City. I am very happy and blessed.

How did you achieve the top position at Vibe magazine?

I have been editor in chief for three years and at Vibe for 10 years. I am a classic American success story. I worked my way up from being an associate editor at the magazine from the test issue in 1992. Vibe launched in 1993. I was still an associate editor but editing the "Next" section (new talent). Then I moved on to become the style editor for two years, and then fashion director. Then I started editing fashion features and styling celebrities. After that, I went on to become fashion director for two years. For two months, I was editorial fashion director for Vibe, Spin and Blaze. It was then I was offered the position of editor in chief. I've edited almost every section. All those experiences helped me to become a really great editor in chief because I've, done everything.

I notice that you have a very "hands-on" approach. It's not at all infrequent for you to style a photo shoot or Vibe's cover. What is your background?

I am professionally trained as a journalist. I earned a Bachelor of Arts degree in Mass Communications from Hampton University, and then I went on to Columbia University for a master's degree in journalism. Yes, I do still work on a lot of covers as a stylist. I also still work on two fashion stories a year. I keep my hands dirty and push my sleeves up because I think it's important to stay in touch with the magazine and the culture. You have to be a part of it.

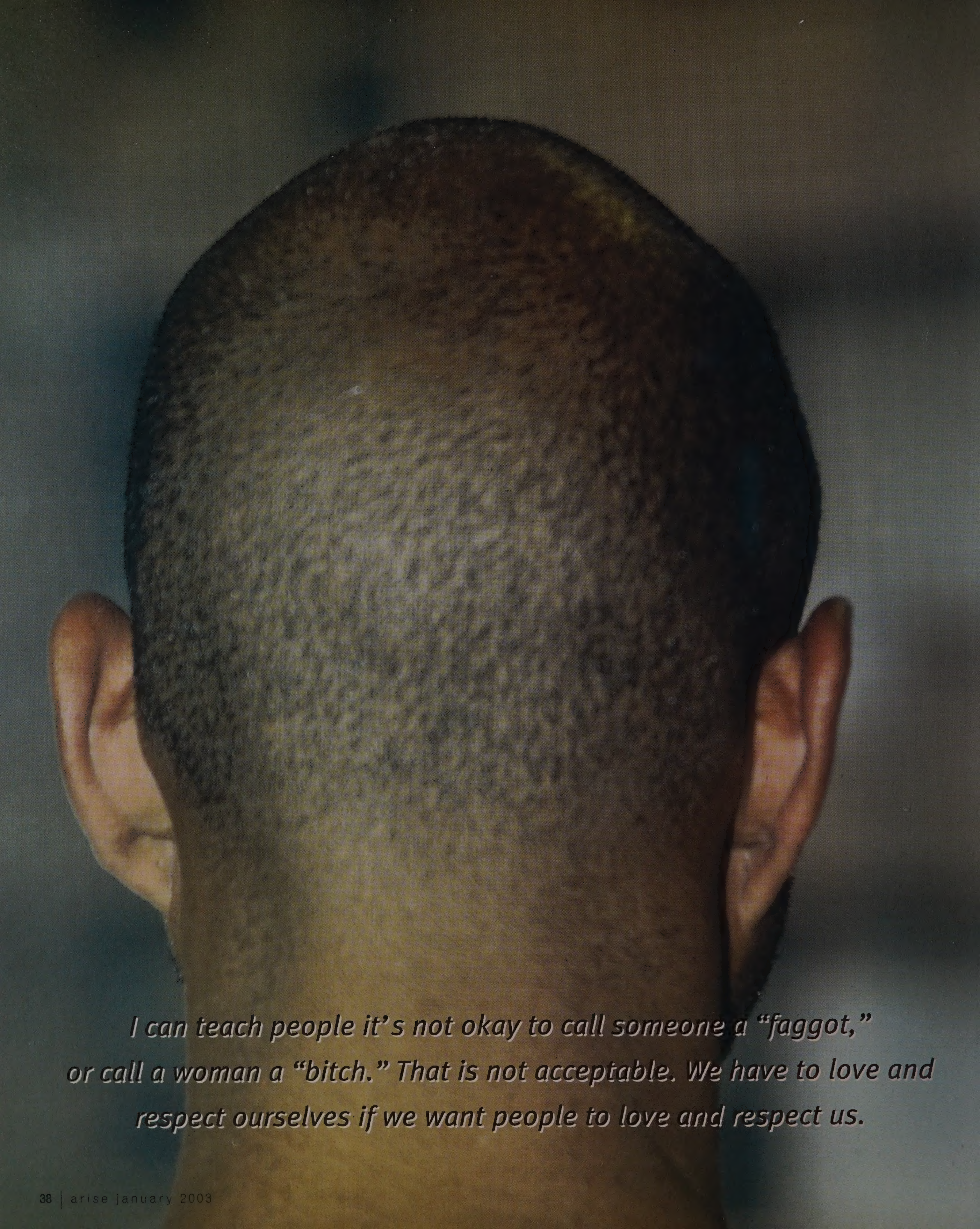
Vibe is clearly about hip-hop culture. In your estimation, what accounts for the success of hip-hop when not long ago, many people predicated it was a passing fad?

The success of hip-hop can be credited to the creativity of the music, the intelligence the artists bring to the music, and the marketing that the record executives bring to the industry. It's fresh. It's new. It speaks to a broader audience. It speaks to plain people. It speaks to white, Latin and Asian people. Everyone feels a part of the success of hip-hop. The main success of hip-hop is the storytelling. It speaks for an audience that has not had voice for a very long time.

What has given hip-hop urban music legs is the passion, fashion, politics, comedy and the films, the art, the books the fine arts. All theses things are part of hip-hop and influenced by hip-hop. I think that why that's why hip-hop has lasted for some 25 years. It's the culture and community. It's becoming a life style.

In your view, what is the mission of Vibe magazine?

When Quincy Jones first came up with the concept for Vibe, his idea was to create a publication that covered urban music and culture that was multicultural, not just a black magazine. A magazine that covered film, music, fashion, arts, culture. I eat live and breathe Vibe. Every day we cover what's hot, what's new, what's next, but it is very important to educate and inform our readership. Education and



I can teach people it's not okay to call someone a "faggot," or call a woman a "bitch." That is not acceptable. We have to love and respect ourselves if we want people to love and respect us.

social consciousness is very important to the mission of Vibe magazine. We understand that hip-hop comes from the ghetto and the inner city. We understand that if you are going to take from those communities you have to give back to those communities.

You'll notice that in the magazine we have a lot of pieces on a legendary artist or old-school artist. Yes, The Neptunes are dope. But, they are sampling James Brown...they are sampling Curtis Mayfield. They are borrowing from their past to create their future. It's about trying to find that balance between how to educate people, how to inform people and how to entertain people in one slick package.

You have personally participated in efforts to raise community awareness around issues of HIV/AIDS, homophobia and other critical issues. What accounts for your social consciousness?

As a black gay man, I have a lot of things going against me in society. I think it's very important to be a role model for young people, to shows them it doesn't matter if you are gay or straight. It doesn't matter what color you are. You are a human being first and foremost. Being a human being, life is not always fair, but you have to be strong. You have to make a better way for yourself. No one is going to give you handout. Just like the African tribes helped each other and had networks we have to learn to do the same kind of thing.

So a big part of my mission is to educate people around the differences in people. Everyone is not the same, but we have to love ourselves. The other thing is, we have to be socially conscious and politically active. We have to realize that AIDS is killing our community. The only way we can save ourselves is if we help to make the community aware of AIDS and HIV. We have to educate them and make them understand that something is happening because we are not taking care of ourselves.

Also, the thing I think about is political awareness. We need to understand how politics works. We need to understand how finance works. Wall Street and financial institutions – we need to understand those things. We need to educate ourselves and empower ourselves as a people if we want to move forward.

The hip-hop community has been charged with promulgating lyrics that are at times homophobic and misogynistic. As the editor in chief of the premiere publication on hip-hop culture what is your response to those claims?

When I became editor-in-chief there was a lot more music that was homophobic and misogynistic. I think the black community in general has not been supportive of homosexuality or lesbian culture. I think that it's about accepting people for who they are. I made it my mission to educate people about all types of people regardless of difference. Not just homosexuality, but also all kind of differences. If you don't want to be judged for who you are or the color of your skin then you can't judge someone else for their sexual orientation, their culture or anything else.

So it's been really difficult. But I think by leading by example, I can teach people it's not okay to call someone a "faggot", or call a woman a "bitch." That is not acceptable. We have to love and respect ourselves if we want people to love and respect us.

I would imagine that as young brother holding the top post of one of the countries hottest magazines, you have a lot of eyes on you watching your every move. To what extent do you feel the pressure of that responsibility?

I feel a tremendous amount or responsibility. It's difficult because I am human. I believe that's one of the problems that we have in our society. We have people that rare role models that are doing great "thangs" but we kind of act like they are perfect and Godlike and we're not. One thing I tell people is that I am not perfect and I don't know everything.

The only thing I can do is to live my life to the best of my ability. I pray and I meditate. I practice yoga. I have a very positive outlook on life. I try to let those things guide. Btu I am not perfect. Its hard being in the public eye because people make assumption that they know you, but they don't really know [you] Yes I have problems just like everybody else. I have to pay my bills just like every body else. I have to come and work hard just like everybody else. You're kind of living this life that is projected in the media.

What has been your greatest life lesson thus far?

One of the best life lessons is to talk to people and listen. The more you talk to people and the more you listen the more in tune you are with culture, community and life. We are all

amazing human beings and we all have these amazing stories and ideas. Sometimes it's about sharing the ideas. So talking and listening has been the best lesson I have learned.

This is the time of the year where folks set aside time to craft New Year's resolutions or goals for the coming year. Can you share some of yours?

Every year I have laundry list of things that I want to work on or change to better myself. The one thing I want to do is to start practicing yoga more that I do now. I believe it's important to be balanced. I want to take time and meditate more to take time in life to live a better life. I want to take Tai boxing, because since I've become editor in chief it's really important to work out and take care of my body, to help me decompress. Just to center myself. I want to start being at home more with my family and friends. That's about my own sense of community and my own sense of family.

Our community has so many talented artists, who are pursuing their hearts desire. Any parting thoughts?

The main thing I always tell people is that you aver to stay true to yourself. You have to believe in yourself. If you have a great idea you have to believe you have a great idea, and you have to make the steps that makes that great idea come to life. It's not easy when you may have so many people telling that you can't do it. But it's a matter of staying focused. Life is up and down. It's like roller coast. When it down, you've got to fight to get up. People have got to realize that nothing comes easily. It's all about hard work and treating people right.

WHAT KALETRA HAS TO OFFER MAY SURPRISE YOU

ASK YOUR DOCTOR ABOUT

kaletra®
(lopinavir/ritonavir)

FOR THE TREATMENT OF HIV

KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents in patients 6 months of age or older. KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Safety Information

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

KALETRA must not be taken with certain drugs due to the potential for serious and/or life-threatening side effects. Discuss all medicines, including those without a prescription and herbal preparations, you are taking or plan to take with your doctor or pharmacist.

Pancreatitis and liver problems, which may cause death, have been reported in patients receiving KALETRA. Tell your doctor if you have or have had liver disease such as hepatitis. Your doctor may want to monitor your liver function. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

The most commonly reported side effects of moderate or severe intensity are: abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. Children most often reported diarrhea, rash, taste aversion, and vomiting.

KALETRA oral solution contains alcohol.

Please see adjacent page for Patient Information.

www.kaletra.com

Abbott Laboratories
Abbott Park, IL 60064

©2002 Abbott Laboratories

02D-036-3533-1 May 2002 Printed in USA

KALETRA™
(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information

KALETRA™
(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

* The brands listed are trademarks of their respective owners and are not trademarks of Abbott Laboratories. The makers of these brands are not affiliated with and do not endorse Abbott Laboratories or its products.

Ref.: 03-5177-R6

Revised: January, 2002

02C-036-3240-1 **MASTER**

ABBOTT LABORATORIES
NORTH CHICAGO, IL 60064, U.S.A.

02D-036-3533-1
PRINTED IN U.S.A.

MOCHA
coalition

THE MEN OF COLOR HIV/AIDS COALITION

Submitted by Chicago Department of Public Health
HIV|AIDS, STD, TB & Public Policy Division

The Men of Color HIV/AIDS Coalition 2000 (MOCHA) was formed in September of 1999 to galvanize the commitment of eight community-based organizations to work in cooperation to improve the services to Gay Men of Color (GMOC) and other men of color who have sex with men (MSM). The prevention needs of men who have sex with men (MSM) are overwhelming in nearly every city they are represented. Chicago's MSM community, like many other metropolitan areas, has an overwhelming need for prevention services, including but not limited to HIV/STI (sexually transmitted infections) counseling and testing and improved access to adequate care for HIV disease.

MOCHA is the effect of the cooperative efforts of Chicago's HIV Prevention Planning Group (HPPG) and Ryan White Title I Services Planning Council to effectively address the needs of these underserved and marginalized populations. Among these planning groups, a frequent topic of conversation is the shortage of effective and easy to get to services for gay men of color and men of color who have sex with other men. The participating agencies are: Chicago Department of Public Health HIV/AIDS, STD, TB & Public Policy Division (CPDH), CALOR – A division of Anixter Center, Greater Chicago Committee Inc. (GCC), Harambee Wellness Center/Howard Brown Memorial Clinic, Horizons Community Services, Minority Outreach Intervention Project (MOIP), South Side Help Center (SSHC), Test Positive Aware Network (T-PAN), and Vida/SIDA.

The purpose of this ongoing collaborative is to increase the number of fiscally viable and programmatically effective agencies cable of providing services responsive to the needs of same-gender loving men of color. MOCHA's focal point is to reduce the incidence of HIV disease through a combined effort of qualified organizations from select Chicago community-based organizations; working as a coalition to target same-gender loving populations in culturally literate ways. The benefit of this particular approach creates a process that maximizes funding, program design, program delivery and creativity while leveraging services. The implementation of various components of cultural synthesis assures each coalition member the opportunity to learn from and teach the other coalition member(s). This is accomplished by increasing the availability and accessibility of services through technical assistance, trainings, the sharing of information and processes. MOCHA's capacity building efforts focus not only of program performance, but organizational performance to have a greater impact on systemic efficiency. MOCHA understands that performance measurement is all about understanding what is happening inside an organization and working out how to introduce improvement.

The MOCHA Coalition builds the capabilities of the participating agencies, resulting in sound organizational infrastructures, which improve prevention services, HIV counseling and testing, and HIV disease care services to GMOC. The MOCHA mission statement clearly articulates the intent to improve the health and the populations it serves. However, fundamental to the philosophy of health improvement is the recognition of the broad determinants of health, which extend further than the health services provided and include social, educational, environmental and cultural factors.

An example of MOCHA's cooperation is the one-hour drama entitled "Kevin's Room." This hour long dramatic video presentation composition details some of the substance of the lives of same-gender loving brothers. Accompanying the video are curriculum and a discussion guide. This was done in conjunction with CDPH's Office of Lesbian and Gay Health.

"Success, like happiness, cannot be pursued; it must ensue... as the unintended side-effect of one's personal dedication to a course greater than oneself." This quote by infamous WWI writer V. Frankl epitomizes MOCHA's thesis of FUBUTU (for us, by us, to us). FUBUTU, this simple phrase explains MOCHA's commitment to creating safe spaces for our brothers to get the help the want, need, and deserve. Mr. Frankl had the majority of his work destroyed by the Nazis, but managed to compile his thoughts on scraps of paper. MOCHA's tenacity is no less. We are here to address the questions that have been too long left unanswered.

MOCHA's effectiveness is shown in the acknowledgement of social entrepreneurship. Social Entrepreneurship offers nonprofits a new strategy for dealing with marketplace realities. It combines the passion of a social mission with a business-like approach to the marketplace. It enables nonprofits to find - and keep - a productive balance between doing good (mission) and paying for it (money). Through its unique array of tools, process and approach, the Men Of Color HIV/AIDS coalition works with nonprofits to:

a) Enhance their skills in research, planning and marketing to sexually self-identify gay men of color, thereby improving their ability to evaluate opportunities, make informed decisions and serve more clients more effectively.

b) Identify and expand their most effective and needed programs, eliminate truly unnecessarily or duplicative programs, and; selectively add new services to meet identified community needs with particular emphasis on cultural values, norms, and language.

c) Earn more income from fees, contracts, product sales, etc., thereby reducing their reliance on "granted" revenue from government and philanthropy, and achieve greater financial sustainability.

urban golf gear

By Akilah Monifa

What do Dusty Baker, Taye Diggs, Samuel L. Jackson, Will Smith, Vivica Foxx, Carmen Electra, Denzel Washington and the entire cast of Showtime's "Soul Food" all have in common? They all have worn clothing by Urban Golf Gear. If you haven't seen Urban Gold Gear, what rock have you been hiding under? Self-described by Craig Tanner, founder, "Urban Gold Gear is a golf-inspired "lifestyle' apparel line for people of all colors and ages." You see a dread-locked brother frozen in mid-swing and beneath him the words "Urban Golf Gear."

The idea was to merge the $15 billion hip-hop/urban apparel and the $5 billion golf apparel markets.

I first met Craig Tanner and the Urban Golf Gear folks at the National Association of Black Journalists in Milwaukee, Wisconsin in August 2002. As they say, sometimes you have to travel to discover what is in your own back yard. UGG has its headquarters in my hometown, Oakland, California. But as previously described, the marketing reach goes much further.

UGG was established in 1997 originally out of Tanner_s home. Now with the company's growth, the headquarters are in a spacious 5,000 square foot warehouse. The clothing line includes 80 products: golf shirts, windshirts, jackets, vest, bucket hats, caddie caps, T-shirts, ball caps, sweatshirts, sweaters, baby T's (most adorable), halter-tops, and spaghetti tanks all embroidered with the "UGGMANN" (Ugh-man) logo.

The primary market is Generation X and Y, the 15 to 34 year olds. But using a brilliant marketing strategy that Tanner modeled after Nike and Tommy Hilfiger, he combines the celebrity and sports fashion formula with guerilla marketing and a full 50% of the client base is over 50 and 50% are non-golfers.

"And it ain't just a "black thang" either. Tanner designed the logo and says, "UGGMAN is a morph of hundreds of faces from different races and ethnic groups." UGG reaches to all ethnic groups and genders. Tanner uses his contacts to help him dress sports stars and celebs in high profile movies and television for maximum impact. As they say, product placement is everything. To that end UGG has also been seen on "The Steve Harvey Show," "BET's MAAd Sports," "The Hughley's," "MTV Lyricist Lounge," "The Bernie Mac Show," "Malcolm and Eddy," and "Moesha."

continues on page 83

Let's Talk CRUISING

by Joseph Robinson

Welcome to the world of Cruising.

My name is Joseph Robinson and I'm a cruise specialist with Cruises Inc. Each month I will introduce you, the ARISE reader to the world of Cruising.

Some readers will ask why cruise?

Planning your vacation usually requires an investment of not only money, but also time and energy. If you have ever considered taking a cruise, your first port of call should be Cruises Inc. As a cruise specialist with Cruises Inc., I will provide you with expert advice and highest level of personal service available.

Cruising is a true way to enjoy travel. Your cruise ship is your floating hotel, which allows you to visit various islands without packing and unpacking. Now once you're on your floating hotel, you'll be pampered with an endless list of options for you to enjoy. You can start your day with a low-impact aerobics class, or go for a swim in one of the lap pools. If you enjoy pampering, why not head to the spa and enjoy a rejuvenating facial, or a 30 minute deep tissue massage. Choose to sleep in late? Then enjoy breakfast in bed, or lunch on your verandah, with 24-hr complimentary room service.

While your floating hotel offers a wide range of activities to participate in, you may also choose to do absolutely nothing by curling up in an overstuffed lounge chair with a good book from your ship's library, or sit by the pool and watch the clouds drift by. While you lounge by the pool, discover the sophisticated ambiance of elegant tea served in proper British style.

When you're ready to dine, why not enter an elegant two-tiered dining room, and enjoy a five-course continental cuisine with entrees such as Alaska king crab legs, grilled salmon, lobster, or enjoy a glass of wine from an extensive wine list.

Cruising provides the opportunities, the sun, the sea, the moon and the stars. The agenda is up to you. You can settle for someone else's version of what your vacation should be, or make it yours with Joseph Robinson/Cruises Inc.

Each month we will explore the various aspects of cruising and the many destinations that lay waiting for you to visit.

For detailed information you may:

Visit my web site: www.cruisesinc.com/jrobinson.
E-mail me at jrobinson@cruisesinc.com or
Telephone me at 1-866-423-7546.

Make that contact TODAY, so that I may begin to plan your cruise vacation.

RYNDAM
HAL

Cruises Inc.

Cruises Inc.

www.CruisesInc.com/jrobinson
www.familycruises.com/jrobinson

apeb committed to your healing

Clients First!

We're renewing our commitment to you.

Gala re-dedication ceremony and unveiling of newly-renovated facility on June 28, 2002. Please call for details.

P3 group retreat

Services:

Primary Healthcare/Wellness Clinic
Case Management
- *Bridge Program*
Drop-In Mental Health Services
Drop-In Legal Services
HIV Testing and Counseling
Substance Abuse Counseling
Benefits Advocacy
Peer Treatment Advocacy
Massage
Emergency Financial Assistance
- food certificates
- housing assistance
- utility assistance
- transportation assistance
- clothing bank and food pantry

Education and Prevention
- *Primary Prevention for Positives* (P3)
- *Butterfly Project* (Transgender prevention care)
- *Latino Encounter*
- *MAD Youth Program* (Music, art, and drama)

Men's Services Network
Women's Support Group
New Beginnings (for the recently incarcerated)
Healing Solutions Think Tank

All services are provided at no cost to clients.

Office: Mon.–Fri. 9a.m. to 5p.m. **Clinic:** Mon.–Fri. 11a.m. to 7p.m.
Please call for workshop and support group schedules.
1755 Broadway, 2nd Floor, Oakland, CA 94612
voice 510.663.7979 • fax 510.663.7980 • info@apeb.org • www.apeb.org

Celebrating Our Community
Since 1983

mind
body
spirit

APEB
AIDS Project East Bay

Serving the East Bay community for over 19 years.

future
trust
reason
commitment
determination
concern
control
action
life
Because taking care of everyone I love means taking care of myself first.

It's Time To Plan Your Future With VIRACEPT®.

Because it's strong and effective. Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

Because it's easy to live with. VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. HIV drugs do not cure HIV infection or prevent you from spreading the virus.

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

*IMS HEALTH National Prescription Audit™ data for Protease Inhibitors, 1/00-12/00.
VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.
Copyright © 2001, Agouron Pharmaceuticals, Inc. All rights reserved. 1-V01139-CC

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (VI-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddl)

If you are taking both Videx (ddl) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of	Number of	Number of
Kg	Lb	Level Scoops*	Level TeaspoonsÛ	Tablets
7 to <8.5	15.5 to <18.5	4	1	ó
8.5 to <10.5	18.5 to <23	5	1 1/4	ó
10.5 to <12	23 to <26.5	6	1 1/2	ó
12 to <14	26.5 to <31	7	1 3/4	ó
14 to <16	31 to <35	8	2	ó
16 to <18	35 to <39.5	9	2 1/4	ó
18 to <23	39.5 to <50.5	10	2 1/2	2
23	50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.

Copyright ©2001, Agouron Pharmaceuticals, Inc. All rights reserved.

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

Agouron Pharmaceuticals Inc.
La Jolla, California, 92037, USA
1-V01171-BG

L203-0001 PPI
Rev. 01/25/01

OUR IGNORANCE AND DENIAL ARE KILLING US

By Brent Dorian Carpenter

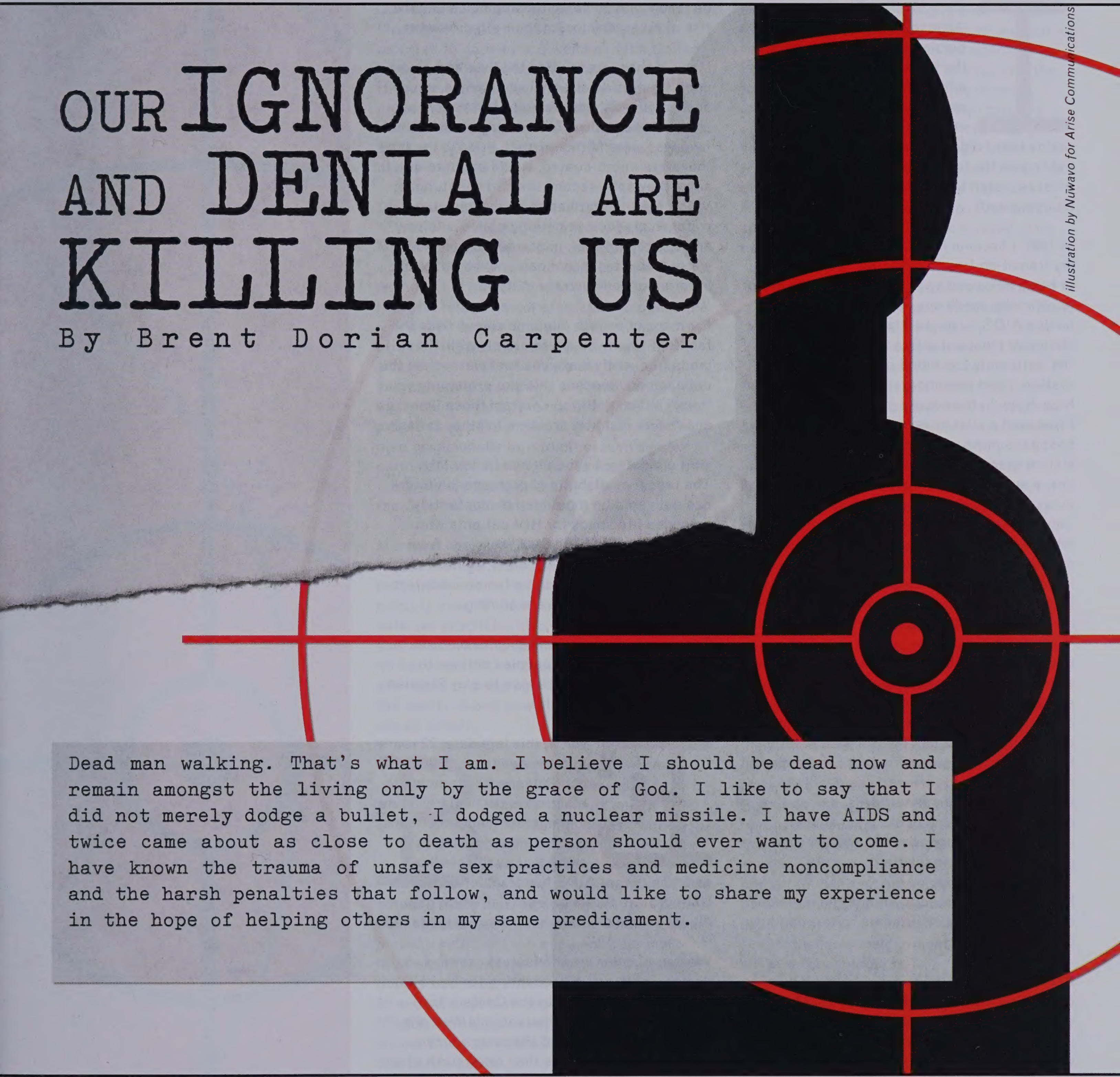


illustration by Nūwavo for Arise Communications

Dead man walking. That's what I am. I believe I should be dead now and remain amongst the living only by the grace of God. I like to say that I did not merely dodge a bullet, I dodged a nuclear missile. I have AIDS and twice came about as close to death as person should ever want to come. I have known the trauma of unsafe sex practices and medicine noncompliance and the harsh penalties that follow, and would like to share my experience in the hope of helping others in my same predicament.

I am a 38-year old HIV-positive African-American male with bipolar disorder. So imagine the thrill of being me in the mid-1990s, an undiagnosed manic-depressive/obsessive-compulsive living with the reality that I didn't believe I was going to live to see the turn of the millennium. Those glasses weren't rose-colored—they were bloodstained!

In 1996, I became ill for the first time, making my transition from the relative "comfort" of being HIV-positive to the unspeakable horror of officially, medically, legally, undeniably having AIDS. I checked into Atlanta's Grady Memorial Hospital with a temperature of 104, extremely low blood pressure and dehydration. I had pneumocystis pneumonia and bronchitis. In the course of my treatment, I was paid a visit by not just one, but two of a hospital's most unwelcome guests, drug-resistant staphylococcus! I had to have a PICC line, a semi-permanent IV, surgically implanted in my bicep to deliver near-toxic doses of Vancomyacin, the drug of last defense, directly into my heart for 35 days. My doctor later told me that if the Vanco hadn't worked, the staph infection would have killed me in three days. I went onto a drug cocktail, determined not to let my health deteriorate any further.

In October 1998, following the collapse of a seven year relationship, I was thrown into a state of denial and depression. The end result of this was a full-blown nervous breakdown and a diagnosis of bipolar disorder. I had to face the jarring new reality that I had a mental illness. Depression is nearly as deadly to the immune system as the virus, and so the odds were beginning to stack up against me. Now I was introduced to a whole new realm of drugs; anti-depressants.

For anyone not forced to endure the regimen of daily pill ingestion, it bears reiterating how difficult it can be.

Besides the sometimes overwhelming number of pills, which can be as many as 12, 15, 20 or more per day, they must be taken in conjunction with an unwavering strict schedule, with certain foods or liquids (or not), and must be taken with 95 percent compliance under risk of otherwise losing their effectiveness.

Many of them are toxic to the liver and cause debilitating side effects like diarrhea, nausea and fatigue. Others are just plain nasty and are hard to swallow. Three of my personal favorites were; Viracept, that, prior to the time they were micro-coated, would begin to dissolve they split-second they hit your tongue; Videx, tablets that had to be dissolved in water to produce something called a "slurry"; and Zithromax, that, in powder form mixed in water, had a taste that can only be described in terms of bodily waste matter!

For many of us, our dilemma comes from the fact that when you are relatively well, these meds frequently make you feel sicker than the unimagined illnesses they are protecting you from. That is, until you contract those illnesses and realize just how drastic a toll they can take.

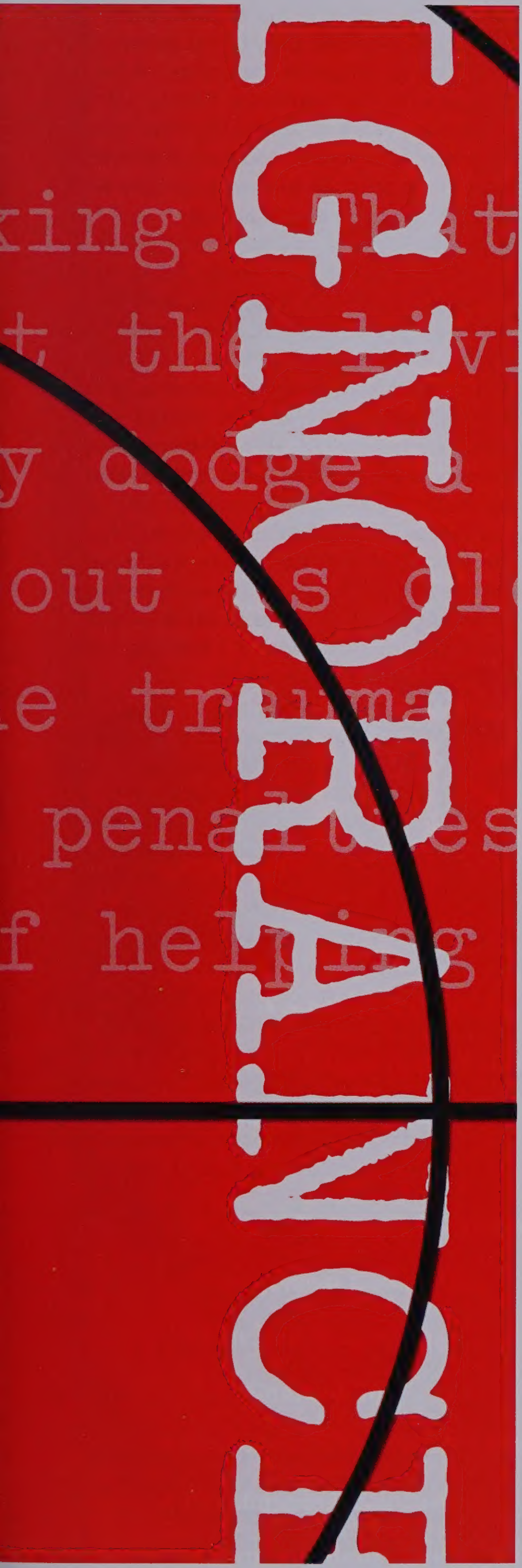
And of course, by then it can be too late. The recent availability of protease inhibitors has delivered on a promise of indefinitely extended life spans for HIV patients who otherwise would have died years ago from opportunistic infections. There is so much reason to hope. New meds such as fusion inhibitors and a possible vaccine are coming.

Conversely, there is no reason to die from this disease. And yet, people continue to perish because many choose to play Russian roulette with their health.

Even at this late date, 22 years into the pandemic, there continues to be alarming denial that is particularly acute amongst African-Americans, and thus the growing assessment by the medical community that AIDS has transformed in the United States from primarily a "white gay disease" into a "black heterosexual disease."

Women of color are the fastest growing demographic group accounting for new HIV infections. According to the Centers for Disease Control and Prevention's Web site, "African-American and Hispanic women together represent less than one-fourth of all

illustration by Nūwavo for Arise Communications



U.S. women, yet they account for more than three-fourths (78 percent) of AIDS cases reported to date among women in the United States. In 2000 alone, African-American and Hispanic women represented an even greater proportion (80 percent) of cases reported in women." Among African-American women ages 25-44, HIV/AIDS was the third leading cause of death in 1999.

Dishonest men are only half of the equation. An article in the August issue of Essence Magazine was very telling regarding black women's attitude towards condom use. Several women interviewed for the piece said that they will forego use of protection and take the risk if their partner insists, seems trustworthy after having sex the first few times, or if the women fear that their mate will simply go somewhere else and find a woman who is willing to do what they are not. What the Essence article does not address is that some of these men occasionally turn to other men as sex partners. This unwillingness to deal frankly with taboo issues like bisexuality plays a key factor is the escalating AIDS crisis.

Moreover, because the protease inhibitor "miracle drugs has slashed death rates" the perception seems to have arisen that the crisis is over. Without the fear factor to drive safe sex practices, men are foregoing condom use, or convincing themselves that if they do become sick, the problem can be easily alleviated by popping a few pills. I hate to be the bearer of bad news, but few things in life are so simple.

By late 1999, I had become completely flaky about taking my meds and despite increasingly urgent warnings from my doctor that I was headed over a cliff, I refused to believe that I could actually really die. Apparently, my first bout with opportunistic infection in '96 didn't strike me with sufficient force to penetrate my thick skull. However, the next one certainly got my attention. With my T-cell count below 50 and my viral load appalling high at 525,000, I crashed — hard! Mycobacterium Avium Complex — MAC, the wasting disease — set in.

One night as I was heading to bed, I became faint and without warning began to projectile vomit all over the hallway of my apartment. I crawled into the bathroom to puke into the toilet, but was spewing violently in every direction. No sooner had the regurgitating ended than a massive onset of diarrhea presented itself. With my toilet seat covered with vomit, I barely had time to pull my pants down and throw myself into the bathtub. No doubt this sounds unpleasant, for which I apologize, but it needs to be conveyed. And things only got worse.

At the hospital, I was unable to eat solid foods for 21 days, subsisting solely on water and chicken broth. I lost 21 pounds. I had bouts of dementia. Then there were the arcane medical tests to determine the nature of my infection. Lumbar puncture; if you don't know what this is, it involves your pelvis bone and you should focus on the word "puncture." Colonoscopy; this involves your rectal canal, and a device consisting of a camera and a set of biopsy-performing pincers. CAT Scan; requires a contrast liquid, usually iodine, to be injected into your bloodstream — vomiting ensues. Blood samples; 3 times a day with Vlad the phlebotomist inflicting painful bad needle sticks. Throw in x-rays, stool, urine and sputum samples and you start to get the picture. As if I wasn't already having fun enough, along came another staph infection. But wait, there's more —it was also discovered that the earlier staph had caused an aneurysm to develop on my aorta, which would require corrective surgery to prevent a fatal rupture. But my immune system was so ravaged that I probably wouldn't survive surgery. It seemed that I was doomed — the only question was; which one of my illnesses, or exotic new one yet to manifest, would have the honor of finishing me off? At any moment my heart could burst, I could slowly waste away, or some otherwise insignificant infection could strike without warning.

After 35 days in the hospital, I was released and brought home to Detroit by my mother. I thought I was coming home to die. I was too weak to even venture outside to walk my

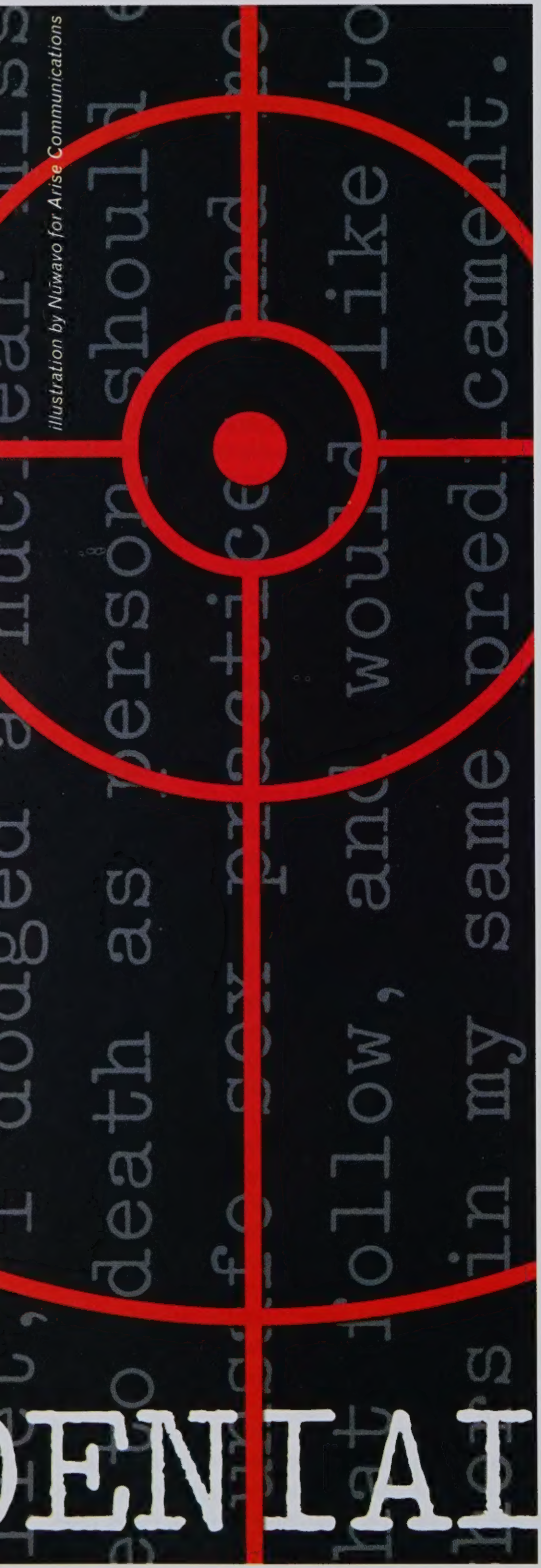


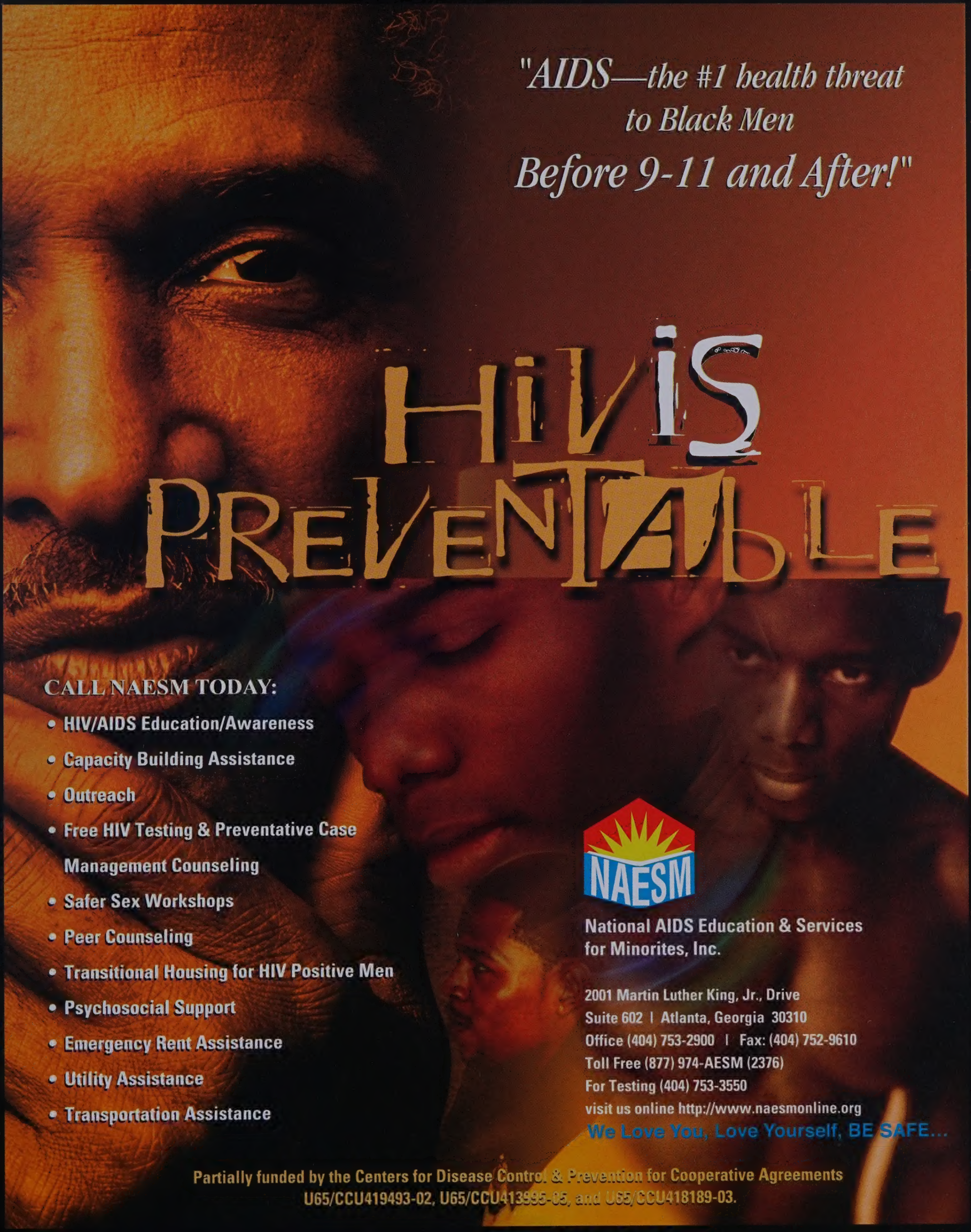
illustration by Nūwavo for Arise Communications

dogs. In my mind, I began planning doomsday scenarios, bracing myself for the inevitable. Fortunately for me, my mother and my new medical team in Detroit were not quite so ready to give up on me. If, and it was a mighty big if, I could find the resolve to stay compliant with the new drugs and get my T-cell count back to 300, I would have the immunological wherewithal to survive surgery.

As hopeless as my situation seemed, I never gave up trying. Every day comes with its own little surprise and you never know what tomorrow will bring. Within two weeks of beginning my new pill regimen, my immune system began a rapid, indeed miraculous, recovery. I endured the initial side effects (which for me were thankfully milder than my first go-round) and soon my body adjusted. I am happy to report that after two-and-a-half of choking down as many as 16 pills a day, my viral load is now undetectable and my T-cell count is back up to 504, high enough to not only allow me to successfully survive my surgery, but also to come off of four of my seven prescribed meds! I walk among you, not fully cured, but able to resume a normal healthy existence. Of course, I did not do this alone. After God, my most powerful ally was my mother, who nagged, harassed, and bitched at me twice a day, every day, to stay on my regimen. And my medical team, who were always so enthusiastic, entertaining and supportive, they virtually made it fun to go to my doctor's appointments. But in the end it always came down to me. I was the captain of my own ship and I alone would be responsible for my fate. I stayed focused not only on the misery of those 35 awful days in the hospital, but also on my future, which for the first time in five years was beginning to look bright. It was not easy for me, even with the benefit of that extraordinary support system behind me. I realize that not everyone is blessed. Consider this sobering fact: by good fortune or dumb luck I was born in the United States. Had my birth occurred 3000 miles to the east in the motherland Africa, I surely would have been dead years ago, as so many millions of our less fortunate brothers and sisters who lack access to the drugs or advanced medical systems. And yet, we continue to wallow in our ignorance and denial, squandering away this precious gift, ending up as always at the bottom of the heap of wretched statistics. It need not be so. In the early years of the AIDS crisis, nearly 50 percent of everyone died from pneumocystis; most of the other 50 percent died from MAC. To put that statistic into perspective, if twins were thus inflicted, the first was likely to die of one, the second from the other. By that reckoning, I probably should be dead twice. Yet here I am, 12 years after my "fatal" diagnosis, alive and kicking. Hardly a longevity record, but nonetheless respectable. Today, I have resumed a vibrant life, written and published two novels, sit on the community advisory board of my hospital, and travel around the state as a certified speaker on HIV/AIDS. I no longer fatalistically forecast my life in short terms of days and weeks, but rather months and years. My existence is no longer a matter of waiting to die of AIDS — it is predicated on living with it. I feel like I am the luckiest bastard in the world!

I have chosen to be a survivor. Science has given us the tools. Now all we require is the personal will. If I could make it with all I had going against me, so can anyone. As proud African-Americans, we need to stop the ridiculous stereotyping and divisive behavior that pits men against women, heterosexuals against homosexuals, and affluent against impoverished. AIDS is an equal opportunity killer. It doesn't give a damn about human prejudices such as age, race, gender, orientation or social status. Don't believe me? Just ask Magic Johnson. Wake up, black people. Get educated, get tested, and save yourselves.

Brent Dorian Carpenter is the author Man Of The Cloth and This Time Around, available at www.bdcbooks.com.
E-mail at *candbcarpenter@prodigy.net.*


"AIDS—the #1 health threat
to Black Men
Before 9-11 and After!"
HIV IS PREVENTABLE

CALL NAESM TODAY:

- HIV/AIDS Education/Awareness
- Capacity Building Assistance
- Outreach
- Free HIV Testing & Preventative Case Management Counseling
- Safer Sex Workshops
- Peer Counseling
- Transitional Housing for HIV Positive Men
- Psychosocial Support
- Emergency Rent Assistance
- Utility Assistance
- Transportation Assistance

NAESM

National AIDS Education & Services
for Minorities, Inc.

2001 Martin Luther King, Jr., Drive
Suite 602 | Atlanta, Georgia 30310
Office (404) 753-2900 | Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
visit us online http://www.naesmonline.org

We Love You, Love Yourself, BE SAFE...

Partially funded by the Centers for Disease Control & Prevention for Cooperative Agreements U65/CCU419493-02, U65/CCU413995-05, and U65/CCU418189-03.

SEVEN WAYS TO REJUVENATE YOUR LIFE

BY MACARTHUR H. FLOURNOY

1. Focus/ Mediation/ Prayer

The wellness industry has come to terms with what our forebears have always known – "prayer changes things." We must become intentional about our time of reflection and communion with our Creator. We must do it in such a way as to guard against allowing anyone or anything steal those moments away from us.

2. Visioning

While living in Nigeria, I worked with a powerful woman named Lola whose favorite mantra was "see yourself."

If we can "see" ourselves doing the thing we love – pursuing our dreams, fulfilling our purpose – then we are setting the stage to live our vision as a reality. Provincial knowledge says "I'll believe it when I see it." In my journey, I have discovered another principle. That is "I'll see it when I believe it."

Our vision can come as a result of giving ourselves permission to think outside the temporary boundaries of our circumstances, but instead to gaze into the divine purpose for each of our lives. See yourself!

3. Write down the vision

It can be as simple as a letter to ourselves or the full expression of what we anticipate in the days that are ahead. A wise and learned friend shared with me that you "set your intention – and live accordingly." A personal vision statement can make the difference between a living life abundantly or merely existing from one day to the next. We deserve the opportunity to have a contract with ourselves that we are willing to honor. Let it never be said that we are a people without vision.

4. Go slow to go fast

Why is it that that best things in life always seem better when they are appreciated slowly? There's nothing wrong going through life at a pace that says, "I am enjoying every moment of every moment."

Slowing down gives us the ability to gain perspective, infuse wisdom we have gathered, consider our options and consciously decide how we will respond instead of react. "Go slow to go fast" simply means giving us time to step reverently and respectfully into our own lives without the drama of *"busy-ness."*

illustration by Nuwavo for Arise Communications

5. Release, reclaim and restructure

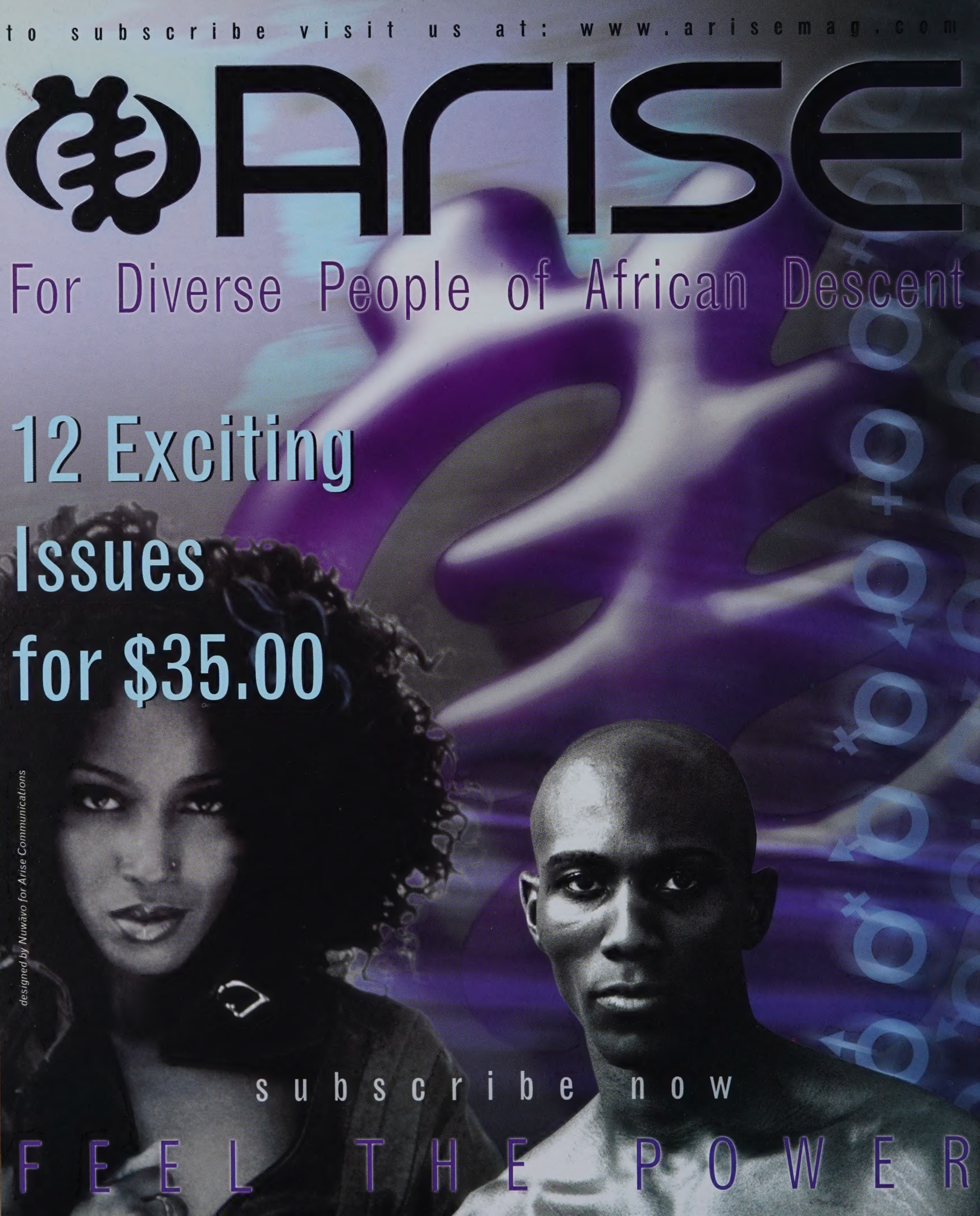
Why step into the New Year without being certain that everything we are doing is everything we have "chosen" to do? Our lives can become needlessly cluttered with things that may be good, but not necessarily right for us to do. The start of the New Year offers us an incredible opportunity to prioritize our time, reclaim those things that are of importance to us and release those people, thoughts or things that interfere with having a full and vibrant year. Life is too short for wandering aimlessly–You decide what's really important for you.

6. Play

When was the last time you took yourself to the park, a mountain cabin, an early morning walk or wonderful cup of blue mountain coffee from the hills of Jamaica? Playing is the ability to enjoy life fully, abundantly and richly. In our play we rediscover our humor, creativity, sensuality, innocence. By playing, we can take on the mind of a child and once more see the world with wonderment and an awesome sense of discover. Life is too beautiful to be taken so seriously.

7. Replenish your supply

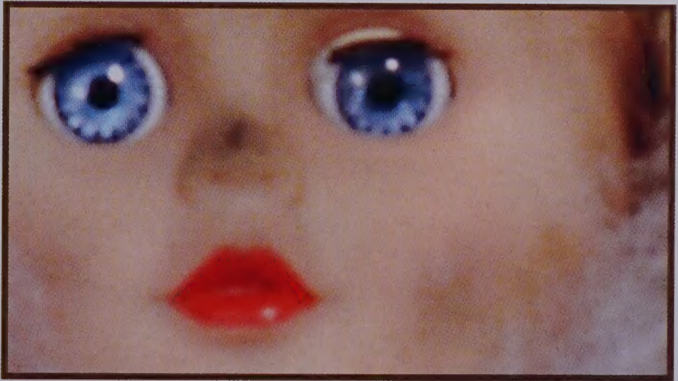
In this year we will certainly be called upon to give of our time, our energy, our resources and thought, ideas and even our love. All of these may be amazing opportunities for the fulfillment of our dreams and personal visions. Still there is a need to remember the value of continually replenishing our supply. Would anyone of us jump into a car headed for a distant destination without being mindful of our gas gauge? Neither can we allow ourselves to run out of fuel along the way. What's important is that we take the time to fill ourselves with whatever we need for the journey. The year that is ahead will come with its triumphs and its challenges, but if we connect with our Source, we will be equipped to make the journey and embrace all that life alas to offer along the way.

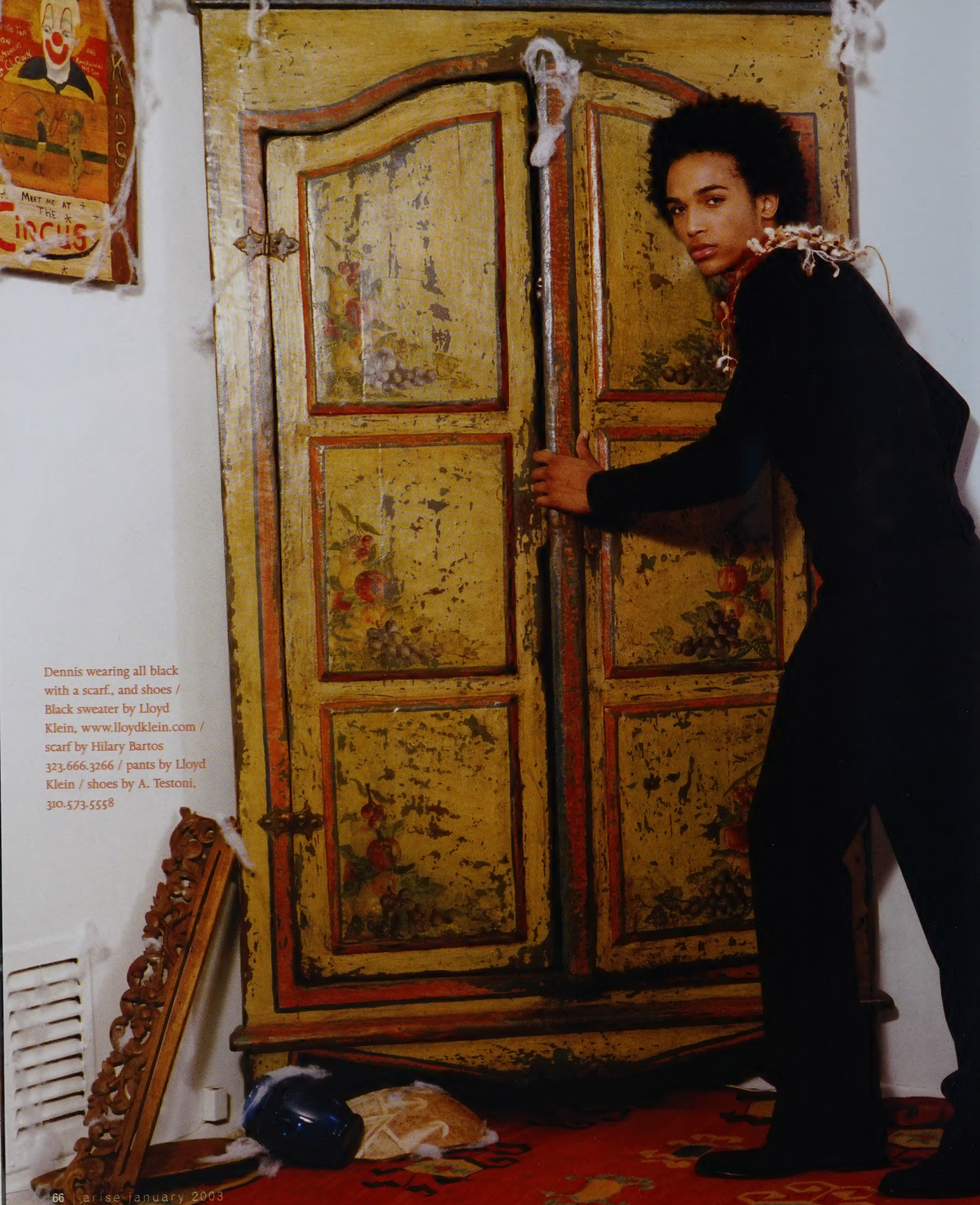

to subscribe visit us at: www.arisemag.com
ARISE
For Diverse People of African Descent
12 Exciting Issues for $35.00
designed by Nuwāvo for Arise Communications
subscribe now
FEEL THE POWER

Miss Doll Is Coming To Life

as the new year enters we tend to change, open new doors, be smart, think, and never forget that curiosity killed the cat...

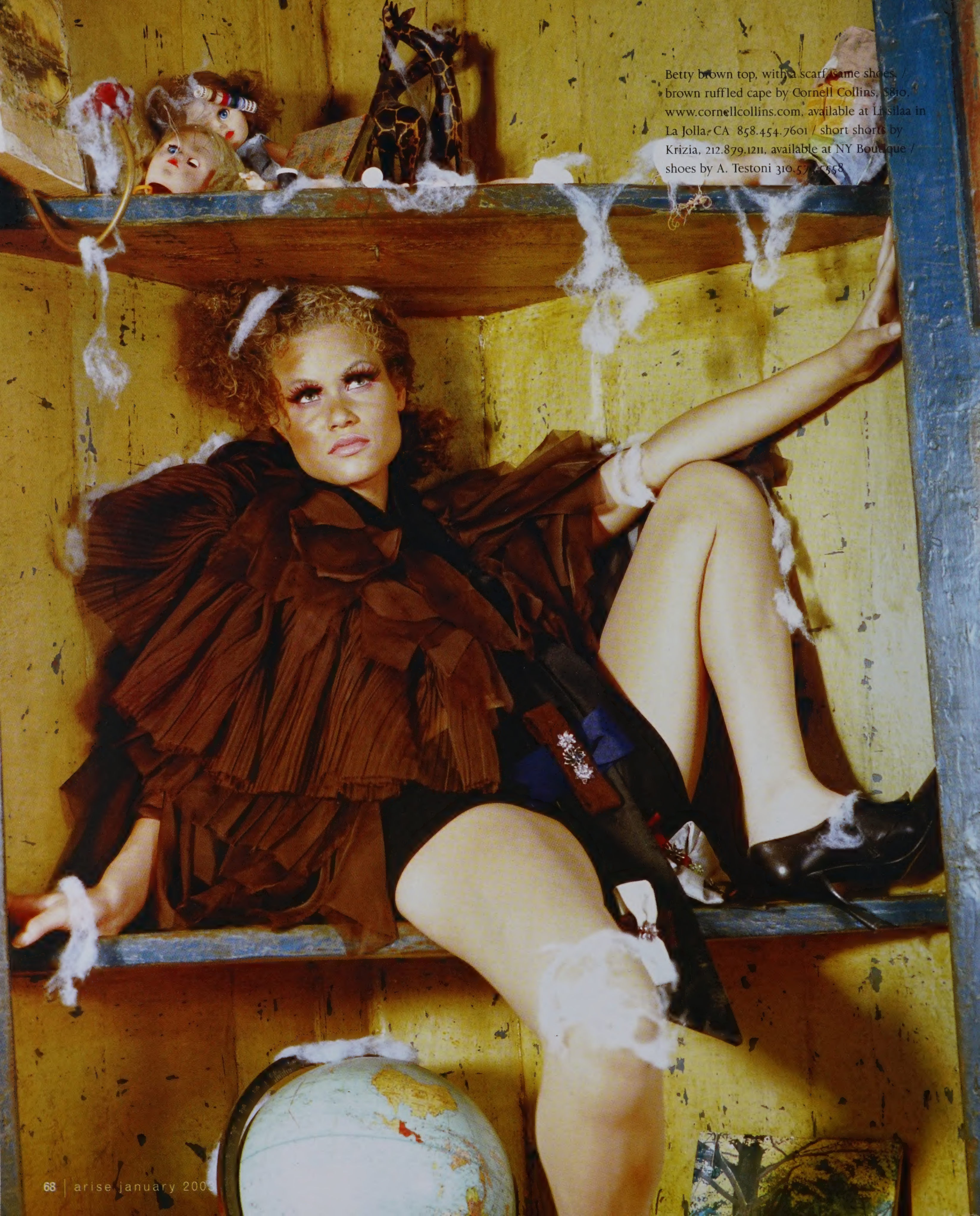
photos by oded levy
art direction, gregg romero
style, amy wang
make up & hair, jeffery paul



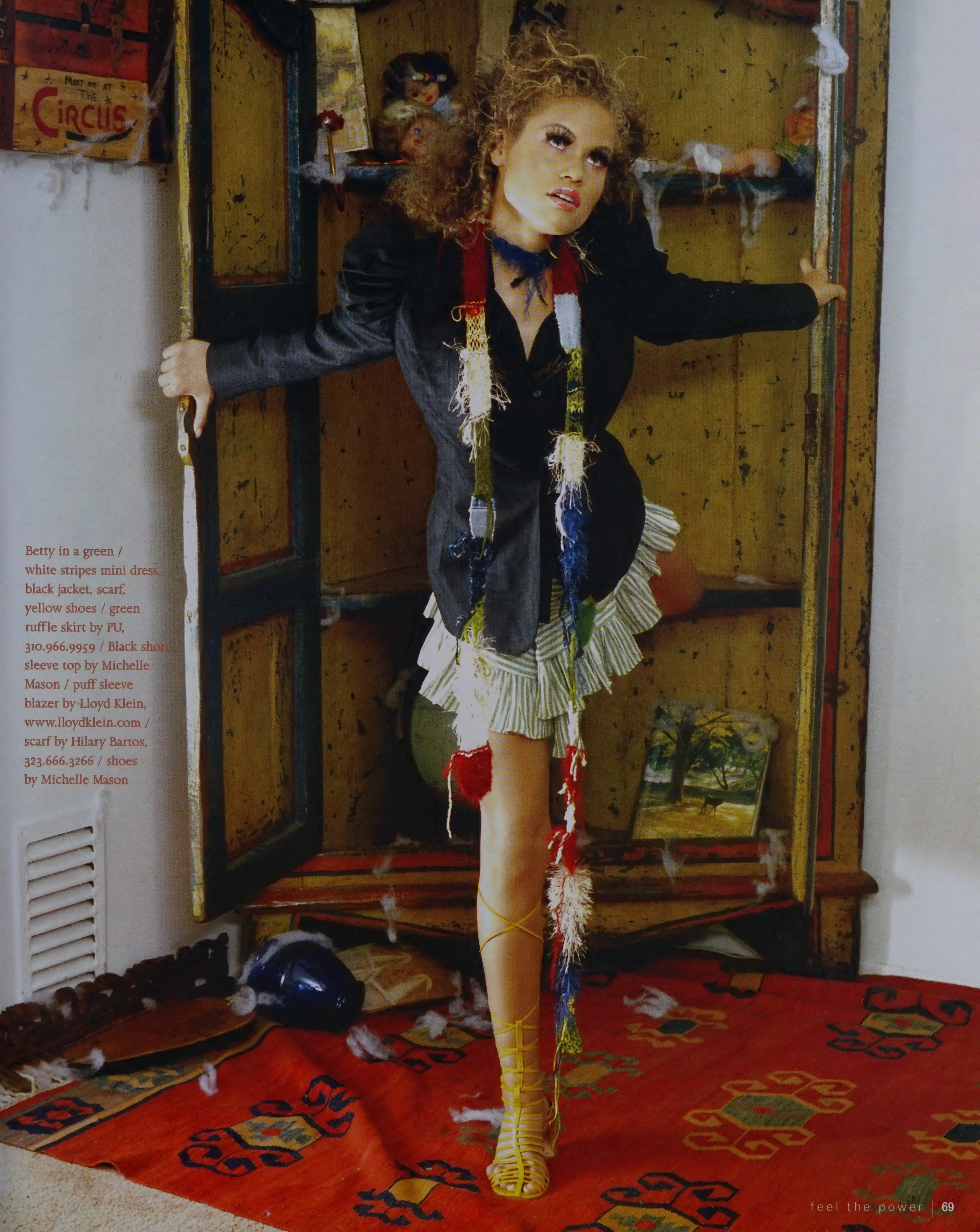

MEET ME AT THE CIRCUS
KIDS
CLOWN

Dennis wearing all black with a scarf., and shoes / Black sweater by Lloyd Klein, www.lloydklein.com / scarf by Hilary Bartos 323.666.3266 / pants by Lloyd Klein / shoes by A. Testoni, 310.573.5558

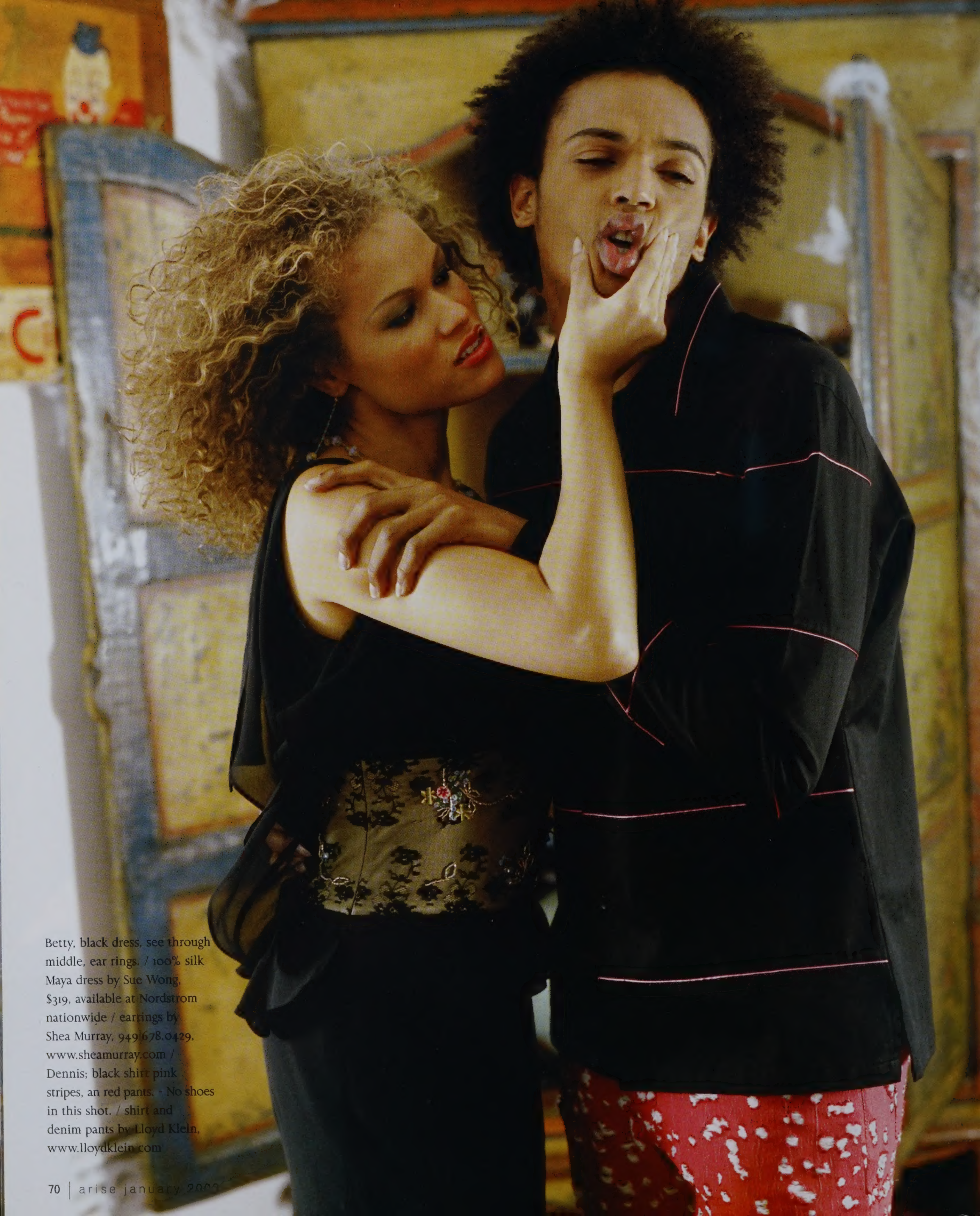
Dennis brown pants, white shirt with squares, and a white top with hood, and red print on the back,- NO SHOES / brown pants by Wendell Wade Williams, www.wendellwadewilliams.com / shoes by A. Testoni 310.573.5558 / white short sleeve button up shirt by Wendell Williams, custom order / hooded zip up sweater by Jet Set, 323.651.4129, available at Fred Segal / Betty - high heals shoes by A. Testoni



Betty brown top, with a scarf, same shoes. / brown ruffled cape by Cornell Collins, $810. www.cornellcollins.com, available at Lissilaa in La Jolla, CA 858.454.7601 / short shorts by Krizia, 212.879.1211, available at NY Boutique / shoes by A. Testoni 310.57[illegible]558



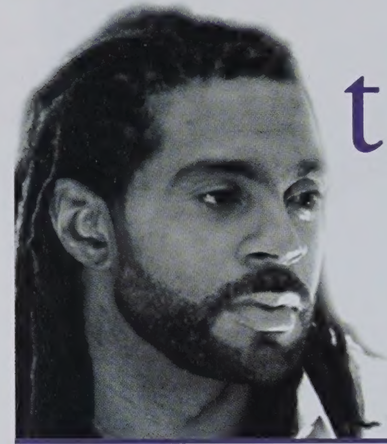
Betty in a green / white stripes mini dress, black jacket, scarf, yellow shoes / green ruffle skirt by PU, 310.966.9959 / Black short sleeve top by Michelle Mason / puff sleeve blazer by Lloyd Klein, www.lloydklein.com / scarf by Hilary Bartos, 323.666.3266 / shoes by Michelle Mason



Betty, black dress, see through middle, ear rings. / 100% silk Maya dress by Sue Wong, $319, available at Nordstrom nationwide / earrings by Shea Murray, 949.678.0429, www.sheamurray.com / Dennis; black shirt pink stripes, an red pants. - No shoes in this shot. / shirt and denim pants by Lloyd Klein, www.lloydklein.com

Betty white stripes dress. No shoes. / dress and skirt worn underneath dress, both by PU. 310.966.9959 / bangles by Gai Mattiolo. www.gaimattiolo.com / scarf by Hilary Bartos. 323.666.3266 / Dennis red suit no shoes in this shot / red denim suit and shirt by Lloyd Klein. www.lloydklein.com

Holding On to the fresh start



by Sundiata Najja Alayé

With the holidays almost over and our relief that 2002 is now a memory, we're anxious for the fresh start 2003 brings. We'll pull out our lists of the things we'll change - our resolutions - the promises we'll keep this time and pitfalls we're sure to avoid. Only when you look at that list, you'll probably notice that many of these promises and pitfalls are the same unkept promises you made and the same pitfalls you tried to avoid last year. Have you ever wondered why you can't seem to break free of the cycle? Have you ever considered why your behaviors always revert back to old habits? Every wonder why you keep experiencing the same experiences? It's simple. You keep experiencing the same experiences because you've detached from forgiveness of your past and the love in your present.

Every year we look for a way to revitalize and rejuvenate; to become new in outlook, appearance, and attitude. Yet oftentimes we find ourselves repeating the same behaviors, experiencing the same pain, and unable to conquer our own internal resistance to change. But you must understand how your past and your unwillingness to let go of it in your present affect our ability to hold onto the fresh new start.

The future is shaped by our current beliefs. The past is over, yet we're too afraid to give it up. We somehow believe that the painful experiences we face now are caused or directly related to something else in our lives. But they aren't. They're related to our attachment to past hurts and pain we've yet to forgive.

The fact is that experiences of the past do affect us now. They've shaped us and molded who we are. But the reality is that the past is over, and so are the experiences of it. They came and they went. We're the ones who've brought them here with us in the present. So to rejuvenate, I mean to really make a fresh clean start, we have to release and forgive all of it - the blame, the victimization, and the fingers we point to our past relationships, our parents, or the world in general.

Forgiveness allows you the ability to look at the past and everything about it in a way that allows loves to surfaces and let all else go, including our past behaviors, actions, or inactions that make us believe they're a part of us now. The past can't be regained or changed. It can't hurt you, or harm you. You're only responsible for what you do now.

Some years ago, after realizing what a moaning, groaning pain in the butt I'd been to myself and my friends after years of trauma and attachment to past hurts, I set out to find a way to forgive everything and everyone I thought had caused me pain. I really wanted to release and go on with my life. I did that by asking myself did it make sense for me to continue to be miserable because of something that occurred back then? Of course not! And for you either. How silly is it that you continue to punish yourself for things that happened in the past?

I didn't want to punish myself any longer. I wanted to forgive and I knew I needed to. The theory sounded reasonable enough, but the "how do I do it?" issue was the next step. But not knowing how to forgive (and still having a part of me that absolutely didn't want to) wasn't as important as the thought I had to forgive. You see, just simply thinking that you need to forgive and allowing the thought of forgiveness to enter in begins the healing process. All I had to do was to be willing to forgive. Planting the seed was enough. The universe would take care of the "how to do it" part!

And it wasn't that difficult. I created a mantra in my head, speaking to the people or the event and say, "I forgive you, and all that you've done. I release you to the Holy Spirit!." I'd repeat this to myself a couple hundred times a day out loud when I could or silently when others were around. Soon enough it, the pain began to subside and I began to heal. You'll soon discover that the power the mind has to heal itself is one of the miracles of life. It's all about how and what you think and believe about yourself and others. The universe totally supports our thinking, so it is thinking from a loving mind that ultimately changes you.

In light of this, forgiveness becomes a choice. When we're at our worst, in the deepest pain, and devastated by whatever events, we must chose to forgive. We do this by taking back the power of our thoughts. Naturally, it's difficult to concentrate on healing when you're heart is in pieces, or your life in turmoil, but if you believe that you have no power to change – that you're helpless, hopeless, and all is lost - the universe will support that and see to it that you remain that way.

The Peace In Release

There is a peace in release, and believe me, this release – this forgiveness – has absolutely nothing to do with supporting behaviors of the persons you're seeking to forgive, rather it's about finding release from the pain you've attached yourself to. In fact, what you're really asking to forgive is the behavior of the person that needs forgiving,

nuevo: [nu•wāv•o] **new** / adj.
1.recently begun, made, built. 2.different.
3.just beginning to be used; fresh.

design & multimedia

identity
print
packaging
web
video
interactive
illustration

510.432.2124
designs@nuwavo.com
www.nuwavo.com

nuwāvo

© 2002 nuwāvo

and not the person himself. The person needs no forgiveness, as forgiveness assumes that there's guilt, but the Spirit Reminds Us that there's no guilt in anyone of us. There's only love.

Loving thoughts produce the results we need in both our thinking and attitudes that manifests in our behaviors. Understand this, the more important it is to you, the more important it is that you surrender it, and the very people you find hardest to forgive are the very ones we need to let go of. Trust me, in our hands it doesn't work.

Surrender means we stop controlling events and outcomes and allow God to take over. We submit to a power much greater than our own and trust that it knows what's best for us and everyone involved. Think of it this way, if there is a force that created the universe, created the stars, oceans, and oxygen producing plant life, and keeps the sun at perfect distance from the earth so we don't burn or freeze to death, don't you think that same force can manage the details of what's in the great scheme of things comparatively small issues? Remember this: God's plan works. Yours doesn't! Keep this in mind and you'll be fine.

The Spirit Reminds Us that our only job in any situation is to let go of our resistance to love and just forgive. This allows events to unfold at the highest level of wonder and goodness for everyone involved. We don't have a clue as to how a situation will heal or how it might look on the other side. But is it important that we know? Of course not! Healing stems from the knowledge that if we do what we're supposed to do – give up the results – then God will handle the rest. Whatever happens at the end is really up to Him. Our cry is for peace, and to get to it requires that we be less concerned about what happens on the outside of us, and more concerned about what happens on the inside.

I Wish You All The Love, Happiness, and Peace
For All The Days of Your Life.
Peace, Blessings, Light, Love,
Sundiata Najja Alayé

Soul Food is Cookin' at GMHC

Need some "Food For Thought?"
How about a big helping of support?
It's all here at Soul Food!
Take a look at our menu:

Sacred Space
FIRST THURSDAYS
6:30 – 9:00 P.M.
A discussion group for those brothers interested in exploring their "spiritual side."

Discussion Groups
SECOND & FOURTH THURSDAYS
6:30 – 9:00 P.M.
Our most popular "dish": frank and honest conversations about desire, pleasure, and more.

The Kitchen
THIRD THURSDAYS
6:30 – 9:00 P.M.
Our combination platter: discussion and condom wrapping or envelope stuffing. No meal is completed without some work!

Soul Food Plus
THIRD FRIDAYS
7:00 – 9:00 P.M.
Something a little "extra" special for HIV-positive brothers: discussions with your needs and desires in mind.

Loungin' in Giovanni's Room
EVERY WEDNESDAY
6:30 – 9:00 P.M.
Now that you've had all that Soul Food, join us on the sofa as we share at the open mic with spoken word, poetry, and free expresson.

SOUL FOOD
BROTHERS HEALING BROTHERS

Soul Food is more than a cuisine! It's a health and wellness promotion program for brothers who practice same-sex desire.
Come and be a part of "Brothers healing Brothers."

GMHC
GAY MEN'S HEALTH CRISIS

The Tisch Building ▪ 119 West 24 Street, NYC
212/367-1372 ▪ soulfood@gmhc.org
Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org

© 2002 GMHC

The NIA Gathering:

"Walking in Balance"

By Marva C. Edwards (*Nia Board Member*)

Sisters from Denver, Seattle, Houston, Detroit, Washington, D.C., Long Beach, Los Angeles, and London, England came together under the power of love and complete acceptance, to celebrate The NIA Collective 15 year anniversary of "The Gathering." From November 22 – 24, 2002 more than one hundred and twenty women assembled for a time of reflection, rejuvenation and consecration in the rolling California hills of Marin County.

Founded in 1985, The NIA Collective exists to create and provide a safe and healthy environment for the growth and empowerment of Lesbians of African Descent.

As a board member and one who has attended the last five gatherings, I have personally received a great measure of much dignity, love, understanding, self-acceptance and empowerment from the Gathering. This year was no different!

Black women began to arrive Friday afternoon. By the time the welcome reception began there was a buzz of laughter in the air with the sounds of sisters greeting women they had not seen since last year.

"The Gathering" is a place to relax, so a place was created deemed "The Comfort Zone" This restful retreat was open the whole weekend. There was a fireplace that stayed full with wood. There were games, snacks, reading material where sisters could connect, talk and listen to music. A series of films by women were shown in keeping with rhythm of the space.

The Opening Ceremony was filled with spirituality, healing, and drumming offering up prayers, poems and dancing. Women honored their ancestors with an altar. Afia Walking Tree brought sisters together with drumming and songs. Somehow everyone knew we were connected in an emotional and historical way.

Dorothy Randall Gray was the Keynote Speaker, sharing her capabilities as a wise storyteller, peace maker and a woman who was in tune with how to bring about healing for women.

Saturday afternoon was full of a variety of workshops touching on mediation, drumming and other spiritually focused sessions. Consistent with the entrepreneurial spirit of our ancestors, vendors were present offering beautiful art objects, clothing, books, candles, and gorgeous jewelry for sale.

Saturday evening offered a "Celebration of Relationships," with entertainment that included hip hop, spoken word, a fashion show and an enchanting jazz ensemble. Thanks to Chris Baldwin, DJ extraordinaire, and a NIA Board Member we partied!

For the closing ceremony the drums welcomed us into the room and once again the dancing began. By Sunday Morning, we were full of faith and hope and all a little sad because the weekend was ending.

Some of us will have found new friends, a lover or a fellow activist. Others may have received healing words for a continued journey in a world that can be loveless towards us.

The Nia Collective will continue to offer the Annual Gathering as a retreat for our community, that we might always have a place to just be ourselves without need for explanation or fear.

Ache

ANOTHER LIFE LOST...!

(The price we pay 'for being ourselves')

By Sharyn Grayson

Yet again, the Transgender communities around the country have been shocked and saddened by the senseless, brutal murder of one of our own.

As news of this very tragic and shocking incident makes its way across the nation, family members and friends of Gwen Araujo are trying to make plans for an appropriate funeral service.

Sadly, this young (17 year old), vibrant and beautiful soul was the victim of a savage beating on October 3, 2002, which took place at a party in Newark, California. It has been reported that the attack took place after one of the female attendees informed others that Gwen was Transgender.

It was also reported that her death was the result of having been beaten and strangled. Her body was found some 150 miles away from the site of the party, in the Sierra Nevada Mountains, buried in a shallow grave.

Police authorities, investigating the crime, say, "They are not sure how many people witnessed the attack or concealed the details."

Unfortunately, this is merely the most recent loss in a series of ongoing vindictive and malicious acts against persons identified as TG.

And the most frightening reality is that, usually, these horrendous crimes are given "low priority" by local law officials who investigate acts of violence against others.

However, the Newark Police Dept. has several suspects in custody (at the time of this article) and, they are actively seeking the whereabouts of another unnamed individual.

Anyone with any information concerning this tragic incident is asked to contact the Newark Police Dept.

As the 4th annual *Transgender Day of Remembrance* approached on November 20—in cities around the globe thousands will come together in remembrance of those wonderful Transgender brothers and sisters we've lost to senseless acts of violence.

Sadly...even in death we have not yet come to the equal respect and justice afforded others who self-identify under the universal "Lesbian/Gay/Bisexual" moniker.

I've said it before...and I shall continue to pose these questions throughout my time here on this earth...*"When will the Transgender community begin to realize the same equitable treatment and respect, as that which is experienced by our (other Gay community) peers?" And, please explain to me..."Why is it that the Transgender community—in particular—is continually maligned and treated with such contempt?"*

As I live and breathe (the same air everyone else does)...and for the life of me, I just don't understand it!

I know there are those people who think that our preferred choice of attire and, the (oftentimes) perfect 'illusions' of our biological opposites that we represent might be considered a major shock to the tremendously enormous (macho) 'male ego.'

Some people even say that the violence perpetrated against the Transgender community is justified because—they feel too—we are 'fooling' people. *(Funny how it's never considered that we're just living our lives like everyone else...just being ourselves).*

But seriously, does anyone deserve being beaten...or killed...simply for living their lives as they so desire? I mean, isn't this an inherit right of every adult living in America?

Personally, I think we—as a society of freethinking people—have to really give some additional and honest thought to our present interpretations of 'freedom.'

How is it that a man...a husband and father...can stand around the proverbial water bottle at his job, laughing at jokes about "the guys who wear dresses". Knowing that as soon as his 8-hour shift is done, he's immediately off to a mad, passionate sexual rendezvous with one of his male 'gym buddies'...before even going home to his family. And yet, we have come to consider this as (somewhat) 'acceptable behavior'...simply because and based on the fact that, well...he's "a man."

While only blocks away...a 17 year old...a baby...lies on a cold concrete slab table, lifeless, and robbed of any chances of a future—simply because she thought it was safe to express her true self and to demonstrate her own rights of true sexual identity.

Oh...wait a minute...I forgot. This is America...home of the Brave, I and of the free—and truly *'a man's world'*...be he Gay or straight!

The Transgender community, therefore, has no rights because they simply don't count...in terms of the 'important' issues related to health, education, housing, employment, finance, violence, sexuality...and, yes...even death!

On behalf of the entire ARISE family, may I extend our heartfelt sympathy to the family and friends of Gwen Araujo. You are remembered in our prayers...

For comments and suggestive topics please email Ms. Grayson at arise@arisemag.com

A National Call To Action

January 2003

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over

AIDS ACTION

1906 Sunderland Place, NW
Washington, DC 20036
202.530.8030 p
202.530.8031 f
www.aidsaction.org

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

SUBSCRIBE NOW!

12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE

A New Year, A New Beautiful Home

By Clarence J. Fluker

The year 2003 is our new home we just inherited from our Creator who has allowed us all one more year, one more empty space for us to fill and dwell in and it is absolutely beautiful. I liken a calendar year to a brand new empty home because it is a frame that can be filled with whatever we like, we can invite people in to it to share it with us, or leave it empty, or decorate it with needed or ostentatious things if we feel so moved.

But before we get too far into our New Year, and walk so casually into our new home and start setting up I just want to offer a few tips for better living in the new place.

My first tip for better living in the new home is everything from the last house, last year, you don't need to carry over into your new house, your New Year. In one years time we often accumulate unnecessary things. Unnecessary things come in a plethora of forms.

For instance, an unnecessary thing may be something like bitterness about a job you didn't get or a scholarship someone else received when you thought it was going to go to you. What is done is done and there is nothing anyone can do to change the past. Bitterness leaves a horrible taste in your mouth and no one likes it, therefore it is unnecessary for you to bring it to the new home and put it in the new spice rack. Leave it in last year. You and any future guests will appreciate it.

Another unnecessary thing that needs to be left behind is any inkling of self-doubt. Any doubts that you may have gathered about your own knowledge, skills, abilities and overall self need to be left in last year. Find the root of that doubt, challenge it and deal with it. There are already other people that will try to get in your head and make you start doubting yourself, out of their ignorance or their desire to gain from your bad feelings and low self-esteem, which will inevitably lead to your shortcomings in the area of productivity.

My second tip is to be careful and mindful of those you invite to your new home. If there are already people you invited or came on their own into your life last year who have given you more grief than good times and brought with them more rain than sunshine let them know they aren't invited to the new house. This year before you hand someone an engraved invitation to your life, stop and ask yourself is this person someone I really want in my life and if so will he or she come in my house and as my mother says, "Tear stuff up!"

Examples of people tearing stuff up in this analogy would be, people who try to take our lives over, use and abuse us and ruin things that we have worked hard to obtain. Take control, understand your life belongs to you and let people know that they can't enter your space with a negative attitude and behaviors you don't agree with. If someone can't respect you and your wishes let them know that they ain't got to go home but they gotta get the hell up out of your house, your life, your New Year!

Third, all the baggage and junk that you have held on to from old romantic relationships that went bad, leave it in the old house. There is no room for clutter in the new house because large boxes of wrecked romances will block the windows of opportunity. You won't be able to see the new and better opportunities for romance and love outside your door if those boxes are blocking your view.

A New Year is like a new home and before we get too far into 2003 I just want to offer a few tips for better living in the new place.

If you spend your time concentrating on how someone played with your emotions last year you will not have adequate time left this year to spend healing and building a new relationship with someone who is here and in the present who cares about you now.

My fourth tip for better living in the New Year is to make sure you turn on all your lights. It is when you walk around in darkness and ignorance that you stumble, fall and find yourself open for attack by others. Turn on your lights. Live your life in a state of consciousness. Be aware of the world around you and your place in it. Actively seek out knowledge about everything that affects your mind, body and spirit.

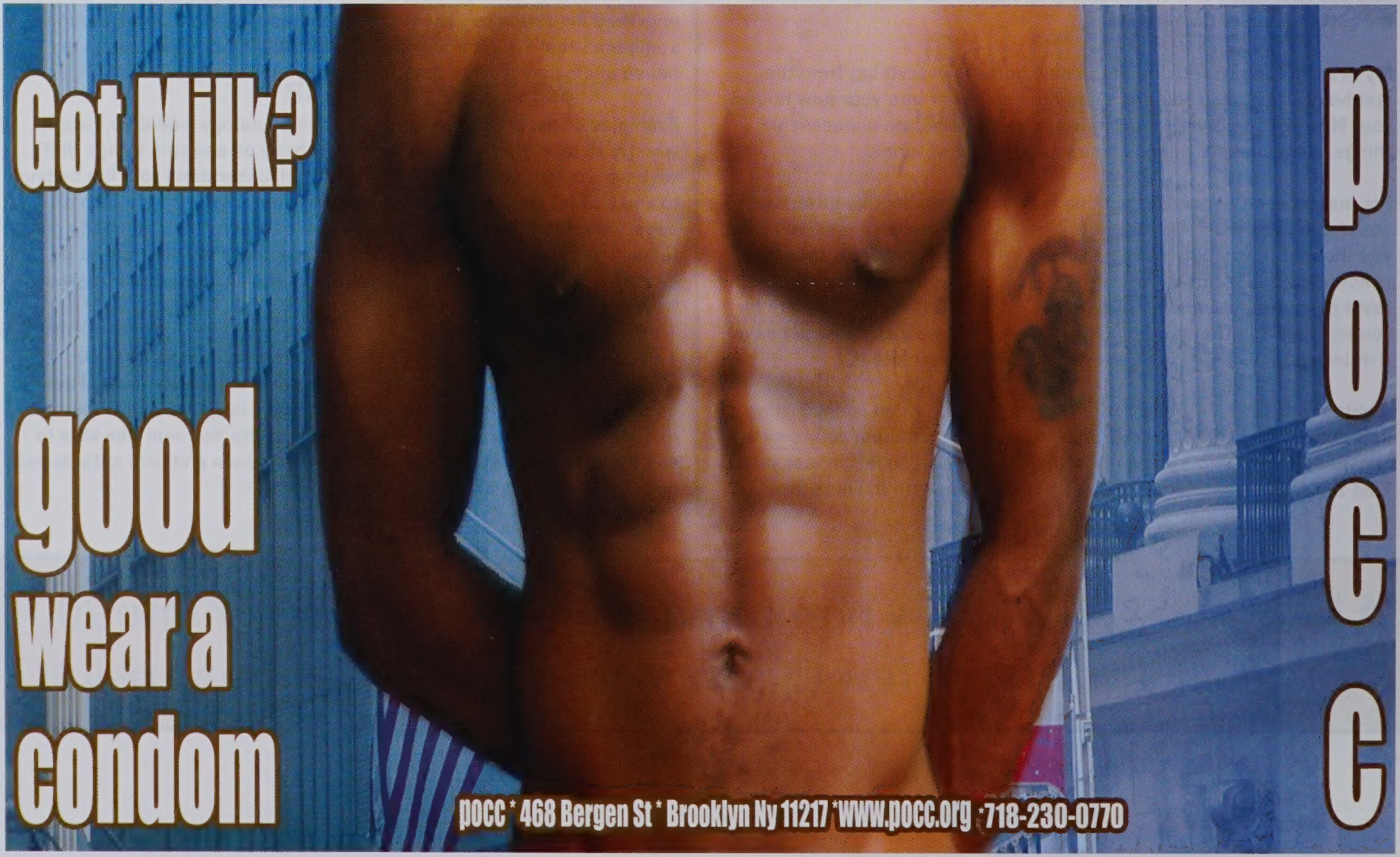
When you put yourself in a position where you can say, "I know..." rather than "I didn't know and "I am glad that I..." instead of "I wish I would have...." I guarantee life gets much better.

Finally, I offer that you should create a vision of what you want your year to look like when it's over. Think about the things that you want for yourself in the New Year, financially, professionally and in your relationships with others. Create measurable goals and objectives and see to it that they are met.

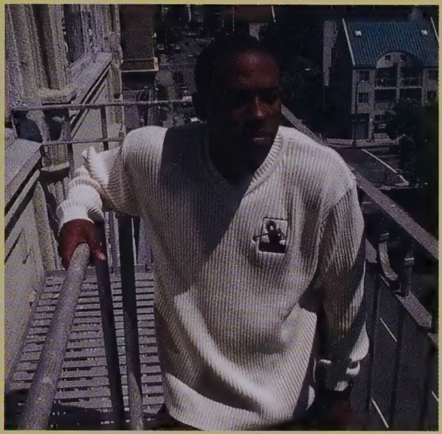
When we set measurable incremental goals for ourselves we can see them without being overwhelmed and remain confident that they can be reached. Also it is important that we consistently evaluate our methods along the way. Because priorities and positioning changes during the course of a year we may learn that the best way to get somewhere we want to be may be by going a different route than we initially thought.

As you walk into the New Year I hope that you will remember these five tips for better living in your new home; everything from last year doesn't need to travel to the New Year, be careful and mindful of those you invite to your new home, leave the relationship baggage in the old house, turn on all your lights and create a vision. These tips should help keep your new home beautiful.

A New Year is like a new home and before we get too far into 2003 I just want to offer a few tips for better living in the new place.


Got Milk?
good
wear a
condom
pocc
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org *718-230-0770

"Urban Golf Gear" from page 46

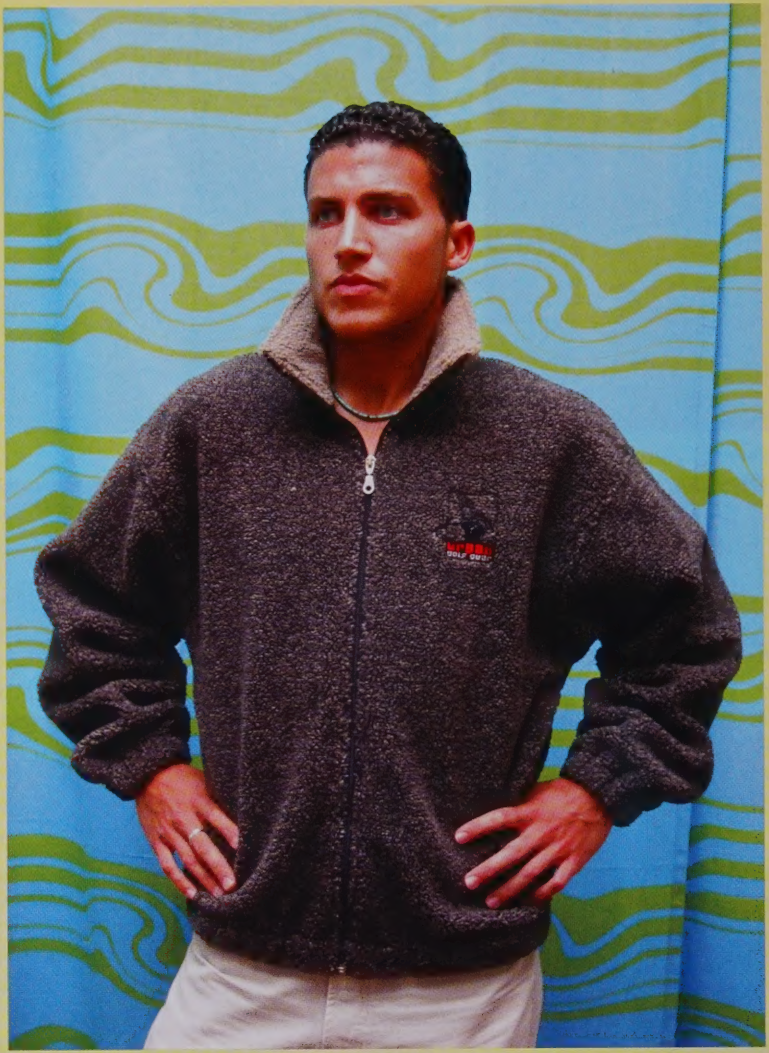


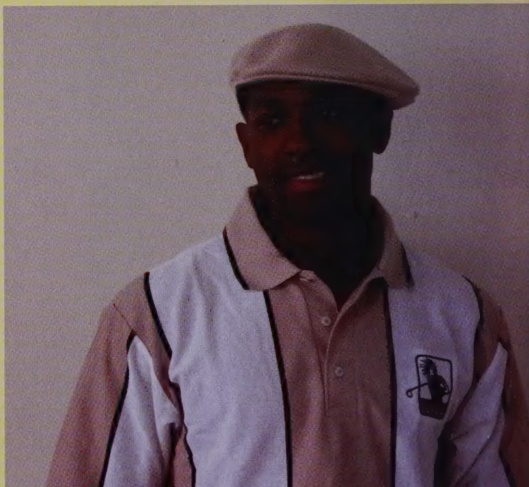
And let's not forget the "new celebrities" from the so-called reality shows. Vecepia Towery, the first person of African descent to win on "Survivor" was seen wearing a UGG hat and top at a WNBA game in 2002.

And even though UGG is financially successful, it_s not all about the money. A percentage of the profits help build the UGG Youth Entrepreneurship Foundation. The UGG team works with folks to develop ideas, write business plans, and develop products and services. Tanner adds "Once a child realized at an early age they can develop their idea and turn it into a business, they do not have a need for the quick and short-lived money the streets provide."

UGG has been featured in the New York Times, Wall Street Journal, Vibe, and others. Tanner and Kim Bardakian, the V.P. of Media & Sports Relations work very hard representing the product from A to Z including selling it off line. They are joined by partners both celebrity and sports and folks who help with product placement. It its five years, the company continues to grow at a phenomenal rate.

You can find UGG at festivals but it is mainly sold via the Internet. When asked about the impact of the digital divide on his business, Tanner opined, "kids will find a way to get on the Internet." Look for UGG to expand beyond clothing as well.





UGG can be purchased via the Internet at www.urbangolfgear.com

THERE ARE MANY WAYS TO SHARE WEALTH WITH OTHERS: GIVING TO CHILDREN, GRANDCHILDREN AND CHARITIES ARE JUST A FEW EXAMPLES. MANY PEOPLE WISH TO ACKNOWLEDGE THE BENEFITS THEY RECEIVED FROM THE EDUCATIONAL PROCESS BY CONTRIBUTING TO THEIR HIGH SCHOOL OR COLLEGE AS ALUMNI.

The Benefits of Charitable Giving

Denise L. Liggett

In addition to the joy of giving, there are a number of other incentives for charitable contributions. Charitable gifts can provide a significant income tax deduction in addition to the satisfaction of helping a worthy cause. And, when properly structured, such gifts may also enable the donor to avoid capital gains taxes, reduce or eliminate estate taxes and even diversify the giver's investment portfolio.

Some of these diverse objectives may be achieved through a type of tax-exempt trust known as a charitable remainder trust (CRT). In establishing a CRT, the donor receives:

- an income tax deduction for the present value of the trust's remainder interest directed to the charity;
- lifetime annual income for the donor and spouse;
- the principal of the trust distributed to a designated charity; and
- the donor's estate is reduced by the assets transferred into the original trust.

A CRT may offer substantial financial flexibility, even to middle-income bracket taxpayers who have held onto non-income producing assets, simply because they don't know about helpful alternatives. The donor often transfers appreciated but low-income or non-income producing assets to the trust to be converted into an income-producing portfolio without paying capital gains taxes on the sale.

A donor establishes a CRT by transferring debt-free assets into an irrevocable trust. If assets with debt attached, such as mortgaged real estate, are transferred into a trust, adverse tax consequences may endanger the tax-exempt status of the trust. Once the assets are sold by the trustee, the proceeds of the sale are invested in an income-producing portfolio. In the case of a married couple, this income can last until the death of the surviving spouse when the principal of the trust passes to the designated charity or charities.

Thus, appreciated stock, real estate or other appreciated assets can be converted into an income stream to provide college funds or retirement income while assisting a worthwhile charitable cause. Many financial experts feel that CRTs will continue to be a beneficial arrangement for both donors and recipients as the federal government looks increasingly to the private sector for financial support of social programs.

Because assets must be placed in an irrevocable trust to gain the full benefits of tax-exemption, the most likely candidates for CRTs are persons age 60 or older who are willing to give up ownership of assets to accomplish their financial goals.

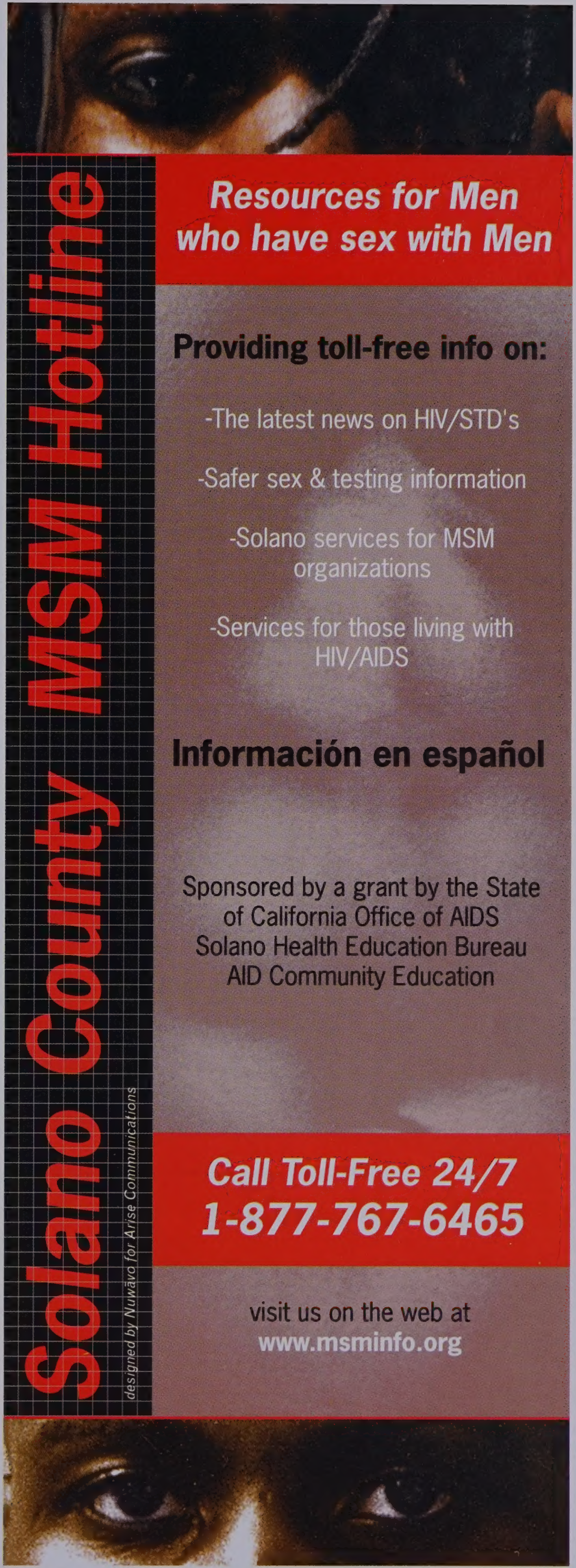
The biggest objection to this strategy may be that heirs are overlooked in passing on some of a family's accumulated assets. This situation can be addressed by using a portion of the income generated by the CRT to purchase a "wealth replacement" life insurance policy equal to the value of the CRT. The proceeds of this policy can be arranged to pass free from both income and estate taxation if properly structured to the family's children or heirs at the death of the surviving spouse.

CRTs are governed by a complex network of regulations. To ensure both the charitable contribution and full tax benefits, a CRT must be structured by an experienced estate planning team which may include a lawyer, CPA, insurance professional and other financial specialists. Business owners, as well as families and individuals, can benefit from the use of CRTs in achieving charitable, as well as financial, objectives.

Denise L. Liggett 202-277-5835
Investment Advisory Representative of AXA Advisors, LLC
(member NASD, SIPC)

3141 Fairview Park Dr #250 Falls Church, VA 22042
Insurance agent of AXA Network, LLC, an insurance brokerage affiliate, offering life insurance and annuities of The Equitable Life Assurance Society of the United States (New York, NY), an affiliated insurance company, and the insurance products of over 100 unaffiliated companies.

This individual is an Investment Advisory Representative in MD, VA, DC, and NJ and is licensed to sell insurance products, and is registered to offer securities in these states.



Solano County MSM Hotline

designed by Nuwävo for Arise Communications

Resources for Men who have sex with Men

Providing toll-free info on:

-The latest news on HIV/STD's

-Safer sex & testing information

-Solano services for MSM organizations

-Services for those living with HIV/AIDS

Información en español

Sponsored by a grant by the State of California Office of AIDS
Solano Health Education Bureau
AID Community Education

Call Toll-Free 24/7
1-877-767-6465

visit us on the web at
www.msminfo.org

DANCE

Dance for Raymond S. Jacques
Dance for Sylvester
Dance for Willie Smith and Patrick Kelly
Dance for Miss Puffy Miss Tracey and Sparky.
Dance for all those who have gone on before me
Dance for Alvin Ailey Arthur Ashe and those babies in Africa
Dance for all your friends you can no longer see
Dance for all the Mothers the Fathers they are all a part of our family tree
Dance for of all those who can't dance
Dance because you praise Him
Whoever HE may be
Dance for those who don't know a thing about HIV
Dance for the ones recently diagnosed who feel that there is no hope
Dance for those that live a life that's free
Dance for those who are fighting for the rights of those who can't
Dance for those who turned their backs when you thought they really loved you
Dance for those who understand and accept
Oh yeah before I forget t Please Dance Dance Dance ..... Dance for me

Trukb2000

ZUNA Institute Presents...

National Black Lesbian Conference!

Building Community: Moving Forward

Radisson Hotel Los Angeles Westside
6161 West Centinela Avenue
Culver City, California 90230
1-800-333-3333
Ask for Zuna Institute Rate

- workshops
- banquet
- a spiritual gospel brunch
- and much, much more

April 11 - 13, 2003
Don't miss this historic event!

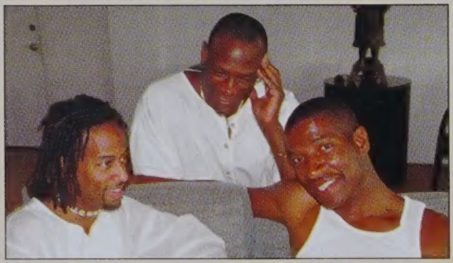
Zuna Institute
6114 LaSalle Avenue
Suite 527
Oakland, CA 94611
Phone: (916) 419-5075
VM: (510) 482-1671
Fax: (916) 419-0738
www.zunainstitute.org

Thanks to the following sponsors:
ASTRAEA ARISE NCLR National Center for Lesbian Rights ATB AT THE BEACH

IN THE MEANTIME MEN'S GROUP, INC.

Creating Unity and Affirming Our Common Bond

THE PLACE WHERE BROTHERS MEET



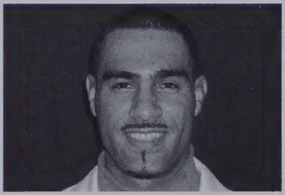
Visit us at Brothers Reaching Brothers Discussion Group every Tuesday night from 7 to 9 p.m. at the Village Health Foundation, 4073-75 W. Pico Blvd., Los Angeles 90019. *We hope to see you there!*

Visit us at www.inthemeantimemen.org

- **ON THE WEB:** Talk to us at our International Brothers Talking Discussion Board. The USA, Canada, London, Caribbean and more. The boys are talking.
- **ON THE SCENE:** We've got a full calendar of events to keep you busy all year long.

Celebrating
3 years
of
Dedicated Service

BY DR. DAVID MALEBRANCHE



Despite being an affluent world superpower, the United States boasts some of the most atrocious health-care statistics around. Sixteen percent of this country's population goes without health insurance – a staggering 44 million people. Health-care expenditures in this country represent approximately 14 percent of the gross domestic product (GDP), the country's spending output. Yet, we have higher infant mortality and teen-age pregnancy rates than countries such as Cuba and Great Britain, and HIV rates among some U.S. subpopulations that rival those in many African countries.

What do these countries have that the United States doesn't? Universal Health Insurance, that's what. These countries' governments allocate a certain amount of money to invest in a baseline level of health-care coverage that is entitled to all of its citizens. In this scenario, access to health care is a right of citizenship, not a privilege. As it stands now, medical insurance is often provided by employers to their full-time employees, which leaves out the jobless, homeless, and many part-time employees.

So what are your options for health-care coverage in this day and time? Well, you have four major options:

1. **Fee for Service** – you pay out of pocket for physician visits and the tests they order. If you choose this option, make sure you have a lot of money stored. If you have to be admitted to a hospital, you'll also have to pay these costs out of your own pocket, which can often add up to thousands of dollars per day.

2. **Managed Care Plans** – you pay a set fee per month for overall health-care coverage, which includes outpatient visits, prescription coverage and inpatient visits. Usually employers will contract with managed-care plans to provide coverage, and the monthly fee is taken out of your check before you get paid. Examples of managed-care plans include health maintenance organizations (HMOs) such as Blue Choice, Kaiser and Aetna. Criticisms about managed-care plans include that they target healthy people so that they don't lose money on patient care, they give doctors monetary incentives to spend less time and perform fewer tests on patients, and that non-medically trained people often make medical decisions regarding patient care.

3. **Medicaid** – federal program that funds all 50 states to provide medical assistance for certain individuals and families with low incomes and resources.

4. **Medicare** – federal program that provides health insurance for people age 65 or older, some people with disabilities younger than age 65, and people with end-stage kidney disease. Does not cover prescription costs and nursing home placement.

While I do not have the space to go into all these forms of insurance in this column, you do need to know that these various forms of insurance exist. With the exception of Medicaid and Medicare, which provide federal support to those with low income and the elderly, health-care insurance in America is based on a form of managed competition, which treats health care as a consumer commodity to be bought, sold and purchased based on our individual health profiles.Unless you are independently rich, older than 65, or make less than $10,000 a year, chances are you will have to full-time employment that provides coverage for your basic health care costs.

For more information on Medicare, you can call 1 (800) 772-1213. For info on both Medicaid and Medicare, check out www.governmentguide.com. If you are employed either part-time or full-time, do the following:

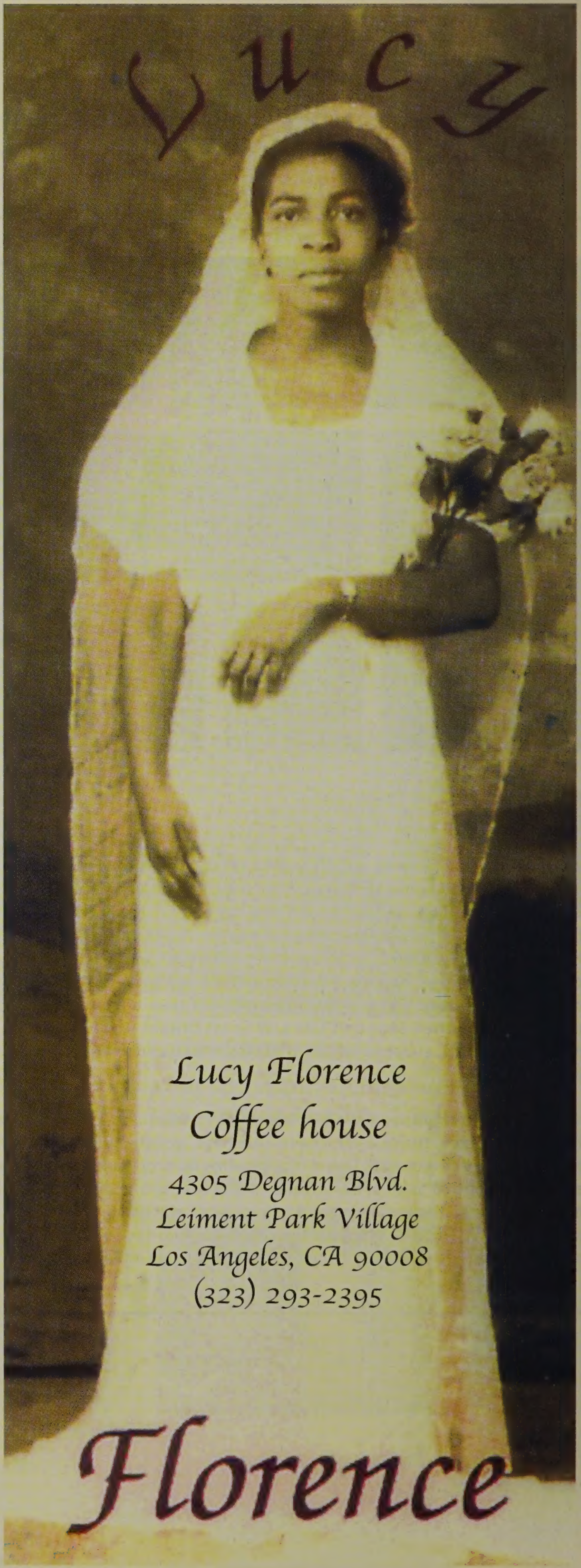
a. Ask about getting health-insurance coverage as an employee. If you are not covered and your employer will not change that, find another job.

b. If you have insurance, read over what benefits you are eligible for, and take time to choose a plan that suits your health-care needs.

c. Choose a doctor and dentist covered by your insurance, and follow up with them regularly.

Universal Health Care in the United States will not happen anytime soon. And given the results of the recent election, we can expect to see a continued emphasis on managed care health insurance in the future. This will ensure that the rich and gainfully employed continue to enjoy adequate insurance coverage, while the remainder of Americans have to wait until they are in abject poverty or older than 65 until they can receive a similar level of comprehensive coverage.

That said, we must also accept accountability for our own lack of interest in pursuing health care insurance. You have the right to have insurance, but many employers hire part-time employees, counting on the fact that workers will simply be happy to have a job, not noticing that medical insurance is not part of the package. If you are applying for a job, find out what type of health insurance coverage they are offering as part of the hiring package. We cannot complain about not having insurance if we do not investigate the opportunities before us. Start taking an investment in your health, so we all can reap the rewards.



Lucy Florence
Coffee house
4305 Degnan Blvd.
Leiment Park Village
Los Angeles, CA 90008
(323) 293-2395

Black Solutions v2.0

OVER 20 YEARS LATER

WHY DO BLACK MALES STILL HAVE THE HIGHEST RATES OF HIV?

We asked 150 Black males!

Findings from the 'Critical Thinking and Cultural Affirmation (CTCA)' HIV/AIDS Study, conducted by the AmASSI Center of Los Angeles, provides some answers to these questions from the voices of a Diverse Community of Black Males "at-risk."

Discover why Black males were willing to get HIV, willing to spread it, and how AmASSI's innovative CTCA strategy successfully promoted positive behavior change, personal and community responsibility, and a reported decrease in un-safe sexual practices

AmASSI will present the CTCA Study to the L. A. County Commission on HIV Health Services
Thursday, January 9, 2003, 9:00 a.m.
at St. Annes' Foundation, 155 No. Occidental Blvd., Los Angeles, 90026

AMASSI
Health, Culture, Affirmation

AMASSI
Health, Wellness & Cultural Affirmation Systems, Inc.

Headquarters/Main Facility:
160 S. La Brea Ave.
Inglewood, CA 90301

South Los Angeles
Harlem, NYC
Bay Area, CA
Johannesburg, S. Africa

1.800.STOP.HIV

HIV AND AIDS ARE PREVENTABLE

Critical Thinking and Cultural Affirmation (CTCA)

Cleo Manago, CEO and Founder of AMASSI, Chief CTCA Strategist and Investigator - cleo@amassi.com

tackling homophobia in "The Real World"

By Loren R. Javier

I am a reality television junkie...

I however, was a reality television junkie well before this new wave of reality television set in, such as *Survivor, Big Brother, Amazing Race, Fear Factor* and so on and so forth. While I realize that this was not the first reality television show either, my fever ignited in 1991 when MTV started airing both *The Real World* and then later *Road Rules.* When the shows first aired, I actually fit the demographic that the shows were trying to reach. I have watched every season since then. While the faces have changed, the formula has remained the same. Stick a bunch of photogenic and ethnically diverse youth into a situation where they are forced to live and work together as they deal with issues such as racism, sexism and homophobia.

I have a love/hate relationship with these shows. It's so easy to get into the drama and I think it's always a good thing when people's eyes are open to new ideas and expressions. At the same time, nearly every season, we see the same archetypes . Unfortunately, one we see often is the "angry heterosexual black man."

Kevin, from Real World: New York, got into several drag 'em out fights with some of the female roommates. David, from Real World: Los Angeles, was kicked out of the house after getting into an altercation with fellow roommate Tami. Stephen, from Real World: Seattle, almost faced expulsion after he slapped exiting roommate Irene. And, David, from Real World: New Orleans, was confronted about his attitude problem by his roommates in a house meeting. Similar events have happened on Road Rules as well. While some resolutions were made within the cast, the ending image of these men has always been unsympathetic.

On a couple of the more recent seasons, the shows had the potential of creating yet two other "angry black men." Both Theo, from Real

World: Chicago, and Darrell, from Road Rules: Campus Crawl, were being painted as homophobic womanizers with bad tempers toward the beginning of the season. I remember rolling my eyes and thinking, "oh, here we go again."

Theo, who spent the good first part of the season putting the moves on openly lesbian roommate Aneesa, told her, "I ain't gonna lie. I don't mind lesbians. That's sexy. But dudes, dudes is disgusting."

Theo also refused to go to the Human Rights Campaign dinner with the rest of the cast and was shown calling his father to ask if homosexuality was a sin or not.

Finally, Theo was the one to scoff at openly gay roommate Chris receiving flowers from a man. I was certain that Theo was going to spend the rest of the season trying to get into bed with Aneesa while at the same time butt heads with Chris.

At the same time, Darrell said that he could never be a friend with the RVs resident gay cast member Shane because he doesn't have any gay friends. The two of them also got into a slight altercation that I thought for sure would make the season revolve around gay man vs. black man.

Luckily, both the shows proved me wrong and showed that formulas can be changed. During the course of the Real World: Chicago season, Chris and Theo actually became good friends. Aneesa even referred to Theo as a "gentleman." In the end, Theo admitted that the two people he was closest to in the house were the two people who were gay. Similarly, Darrell, after saying that he has no gay friends, said that he and Shane would be friends after the show. Shane even voted him the most trusted member of the cast for the last mission.

Tackling issues of homophobia has always been part of The Real World/Road Rules mission. In this case, there is a misconception that communities of color are more homophobic than white communities without taking into account the socio-cultural factors. Homophobia manifests itself differently from community to community. It was interesting and heart warming to watch these two young men go through their own personal stereotypes instead of getting pegged as homophobic angry black men. This is why I end up loving The Real World and Road Rules. Just when you think they'll show you the same old thing, they help dispel stereotypes even further.

- ORGANIZATIONAL DEVELOPMENT
- PROBLEM-SOLVING
- TEAM BUILDING
- ALTERNATIVE DISPUTE RESOLUTION
- PERSONAL EMPOWERMENT

"Experiencing those profound moments with you'.

KHPRA

CONSULTING & TRAINING SERVICES

Hameed S. Williams,
Founder/President

(917) 482-5262

www.profoundmoments.com

America's Cruise Specialists

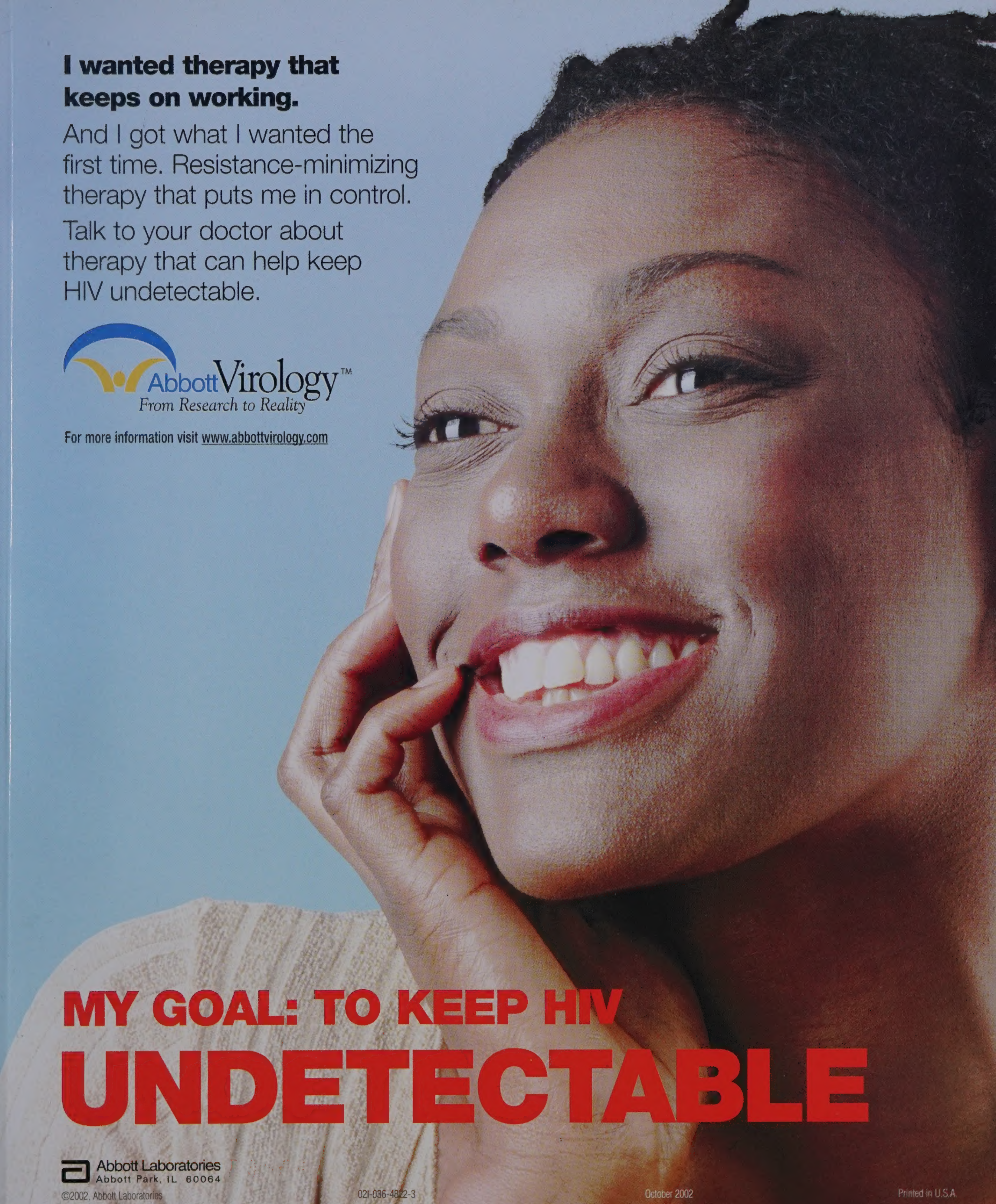
CRUISES INC.®

for information contact:
Joseph Robinson

toll free number 1-866-423-7546
phone 1-209-957-7636

www.CruisesInc.com/jrobinson

www.familycruises.com/jrobinson



I wanted therapy that keeps on working.

And I got what I wanted the first time. Resistance-minimizing therapy that puts me in control.

Talk to your doctor about therapy that can help keep HIV undetectable.

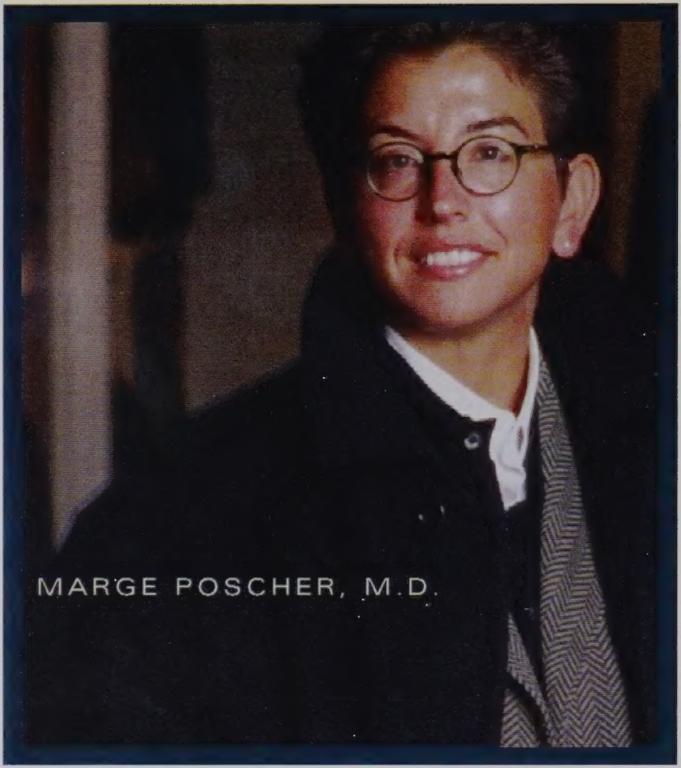
Abbott Virology™
From Research to Reality

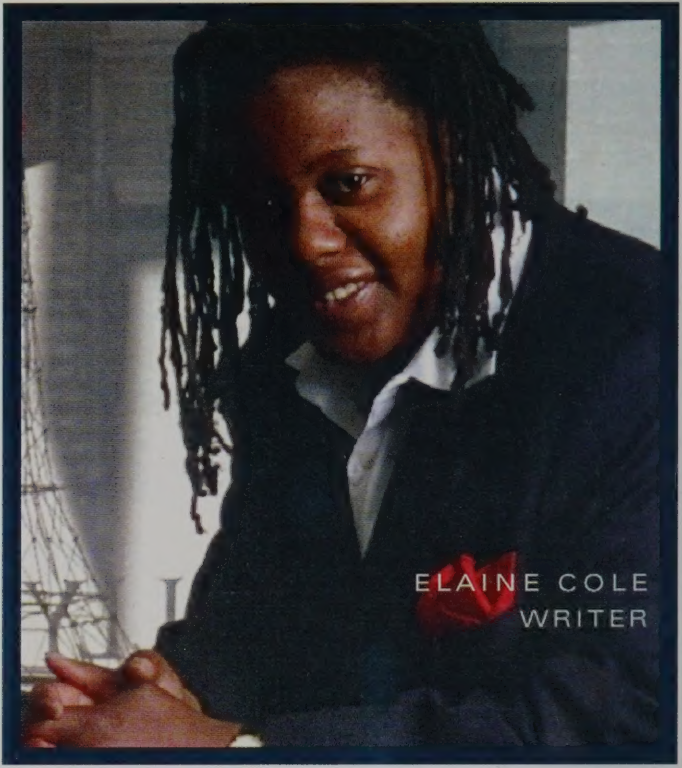
For more information visit www.abbottvirology.com

MY GOAL: TO KEEP HIV UNDETECTABLE

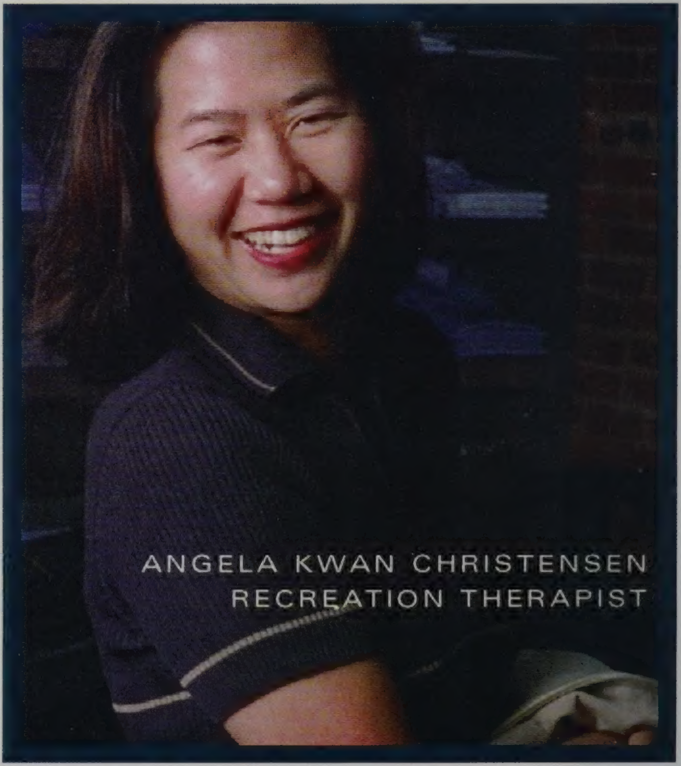
Abbott Laboratories
Abbott Park, IL 60064

©2002, Abbott Laboratories 021-036-4822-3 October 2002 Printed in U.S.A.


MARGE POSCHER, M.D.


ELAINE COLE
WRITER

TAMARA DINSMORE
ASSOCIATE PARTNER, SOM


ANGELA KWAN CHRISTENSEN
RECREATION THERAPIST

The men's store GQ has called "hip, discerning, distinctive..." is also the secret of some women.

BILLYBLUE
SAN FRANCISCO

Contact: Billy Bragman
54 Geary at Grant, Union Square
San Francisco, CA 94108

800 772-BLUE (2583)
billy@billyblue.com
www.billyblue.com

Photography: Chad Christensen, May Britt Boe; Eric Klaus Fischer

ART STYLE TRAVEL ENTERTAINMENT PEOPLE

arise

For Diverse People of African Descent

MODERN LINES

Contemporary Furnishings for Creative Living

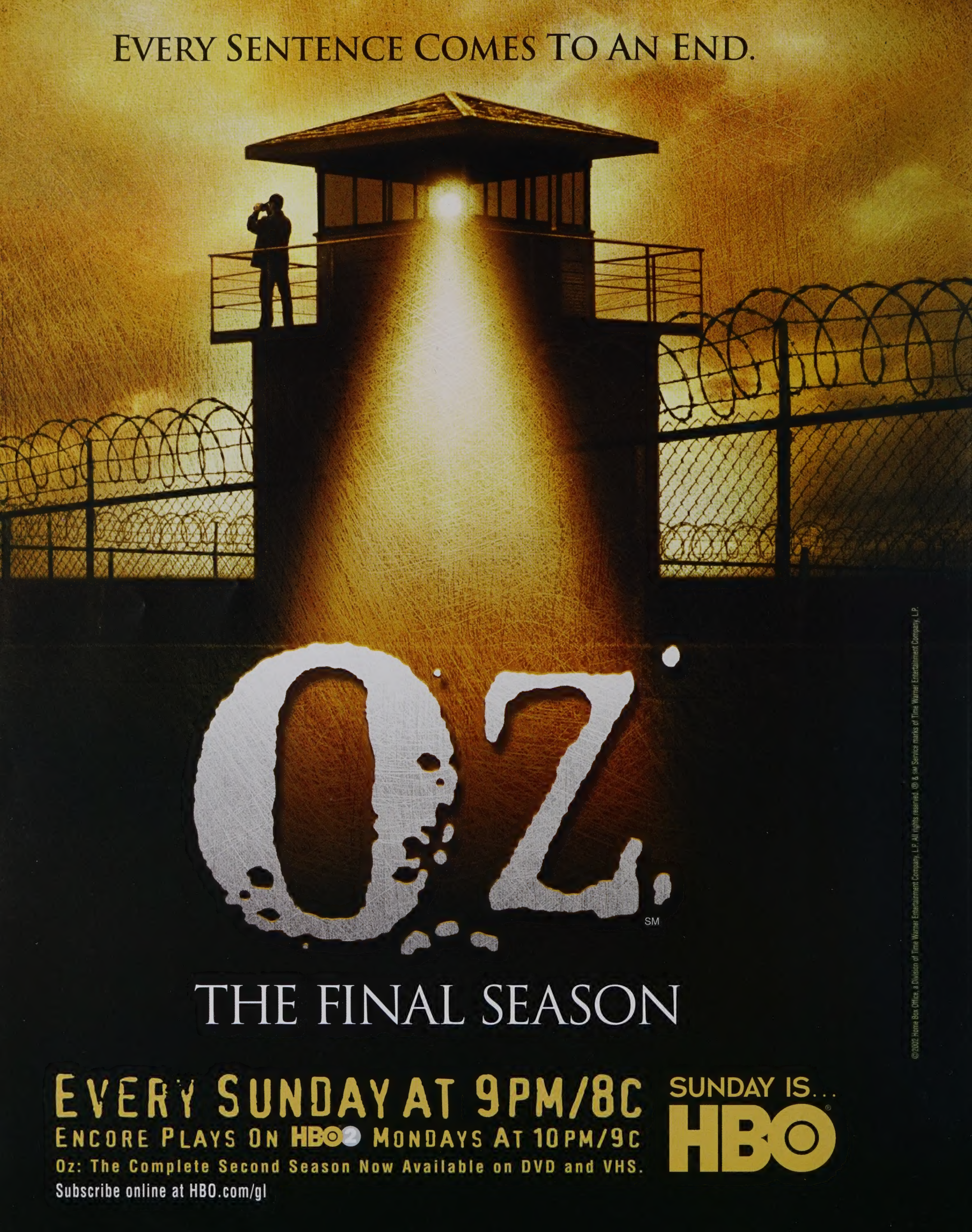
TRIBUTE TO HARLEM WRITERS

fashion: a softer side

As We Celebrate Our History

Vol.3 No.2 FEB/MAR 2003
$4.00 US/CAN

FEEL THE POWER



EVERY SENTENCE COMES TO AN END.

OZ.℠

THE FINAL SEASON

EVERY SUNDAY AT 9PM/8C

ENCORE PLAYS ON HBO2 MONDAYS AT 10PM/9C

Oz: The Complete Second Season Now Available on DVD and VHS.

Subscribe online at HBO.com/gl

SUNDAY IS...

HBO®

©2002 Home Box Office, a Division of Time Warner Entertainment Company, L.P. All rights reserved. ® & SM Service marks of Time Warner Entertainment Company, L.P.

Because taking care of everyone I love means taking care of myself first.

It's Time To Plan Your Future With VIRACEPT®.

Because it's strong and effective. Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

Because it's easy to live with. VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

*IMS HEALTH National Prescription Audit™ data for Protease Inhibitors, 7/01/01-12/31/01.
VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.
Copyright ©2002, Agouron Pharmaceuticals, Inc. All rights reserved. 1-V01139-CC

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate
For the Treatment of Human
Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddl)

If you are taking both Videx (ddl) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of	Number of	Number of
Kg	Lb	Level Scoops*	Level Teaspoons†	Tablets
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.

Copyright ©2001, Agouron Pharmaceuticals, Inc. All rights reserved.

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

Agouron Pharmaceuticals Inc.
La Jolla, California, 92037, USA
1-V01171-BG

L203-0001 PPI
Rev. 01/25/01

War is wrong.

Non-violence & peace are the hallmarks of a civilized society.

If we are a nation of law abiding citizens that embrace justice, we cannot stand by and watch the annihilation of life and justify violence under the auspices of patriotism.

As the publishers of ARISE Magazine, we believe that if our ancestors like Dr. Martin Luther King Jr., Audre Lorde, Bayard Rustin, James Baldwin and Fannie Lou Hammer were here today, they would be disgusted by the efforts of our government to launch yet another war, and we would find them quite likely building coalitions across this nation to repudiate such an effort.

If there is anything that we have learned as diverse people of African descent, it is that all life is sacred and violence perpetuates devastation at the physical, emotional and spiritual depths of human beings. The effects of violence reach beyond the moment of our time but into future generations.

More than anything else "Black history," is a tribute to the lives of people that sustained great obstacles in the face of ardent opposition to champion the civil rights of all people. As gay, lesbian, bisexual, transgender and same gender loving people of African descent, it is our responsibility to call into question any action that dehumanizes, demoralizes or disrespects life. The price to be paid for our silence is far great.

In the years to come, the questions will be asked, "When we were faced with the challenges of our day, what action did we take, what solutions did we offer, and perhaps what sacrifices were we willing to make on behalf of our fellow citizens?"

It is a fact that when we stand together across seemingly disparate lines of association, we can bring about positive change for each other and ourselves. Business as usual is a thing of the past. The hour has come were Pride celebrations must become more than an opportunity to celebrate our sexuality, but a distinct opening to build community, do justice and advocate for the civil rights of all people, near and far. The elixir of muscle clad bodies and complimentary intoxicants can no longer serve the needs of our community. In fact, they may never have.

Instead, we are called to a higher purpose, to reach beyond the comfort of what we have always done and extend ourselves into the realm of what we must do. ARISE!

MacArthur H. Flournoy   G. Alexander

MacArthur H. Flournoy & Glenn Alexander
Publishers

arise@arisemag.com

libation to the elders

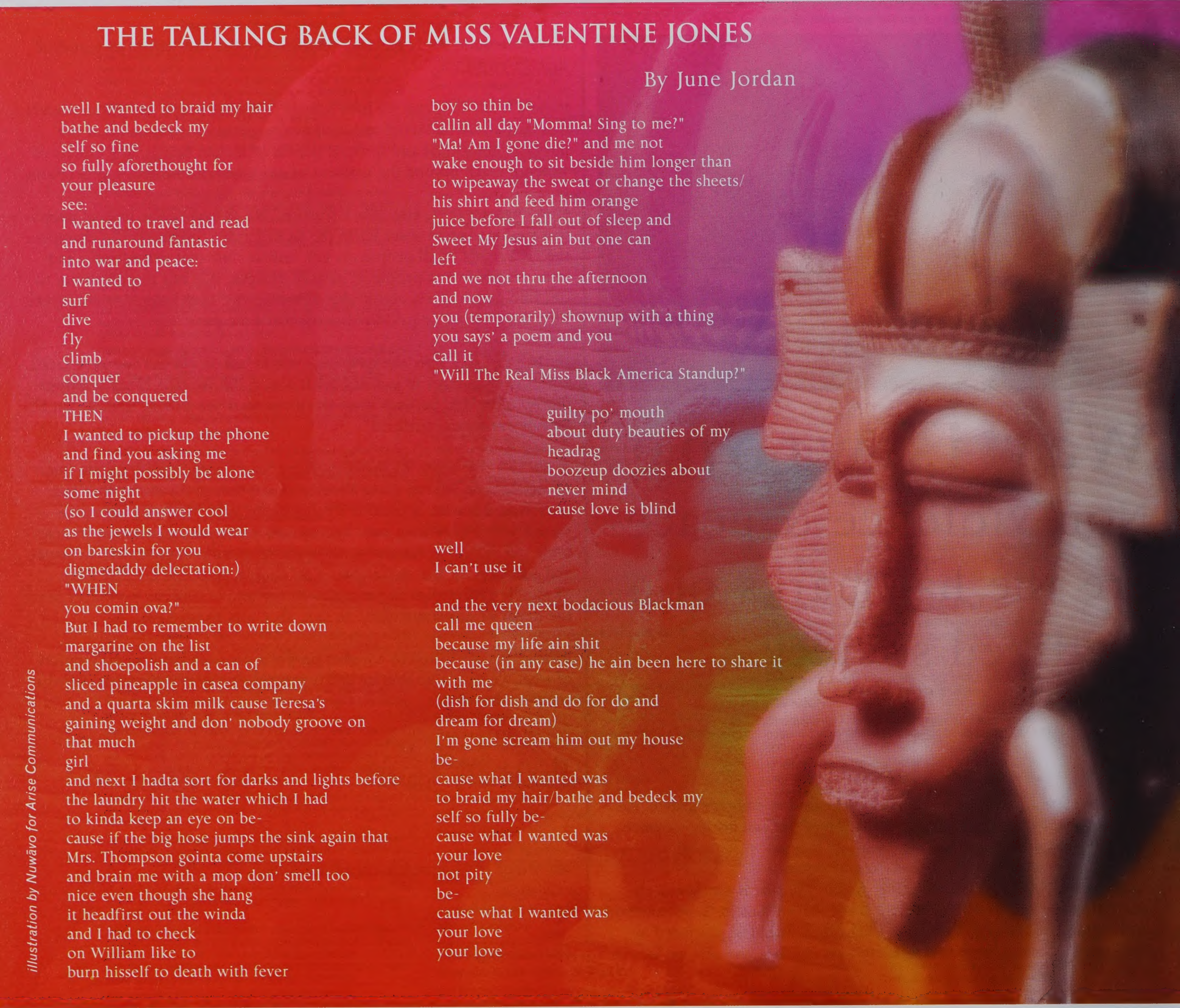


illustration by Nuwāvo for Arise Communications

THE TALKING BACK OF MISS VALENTINE JONES

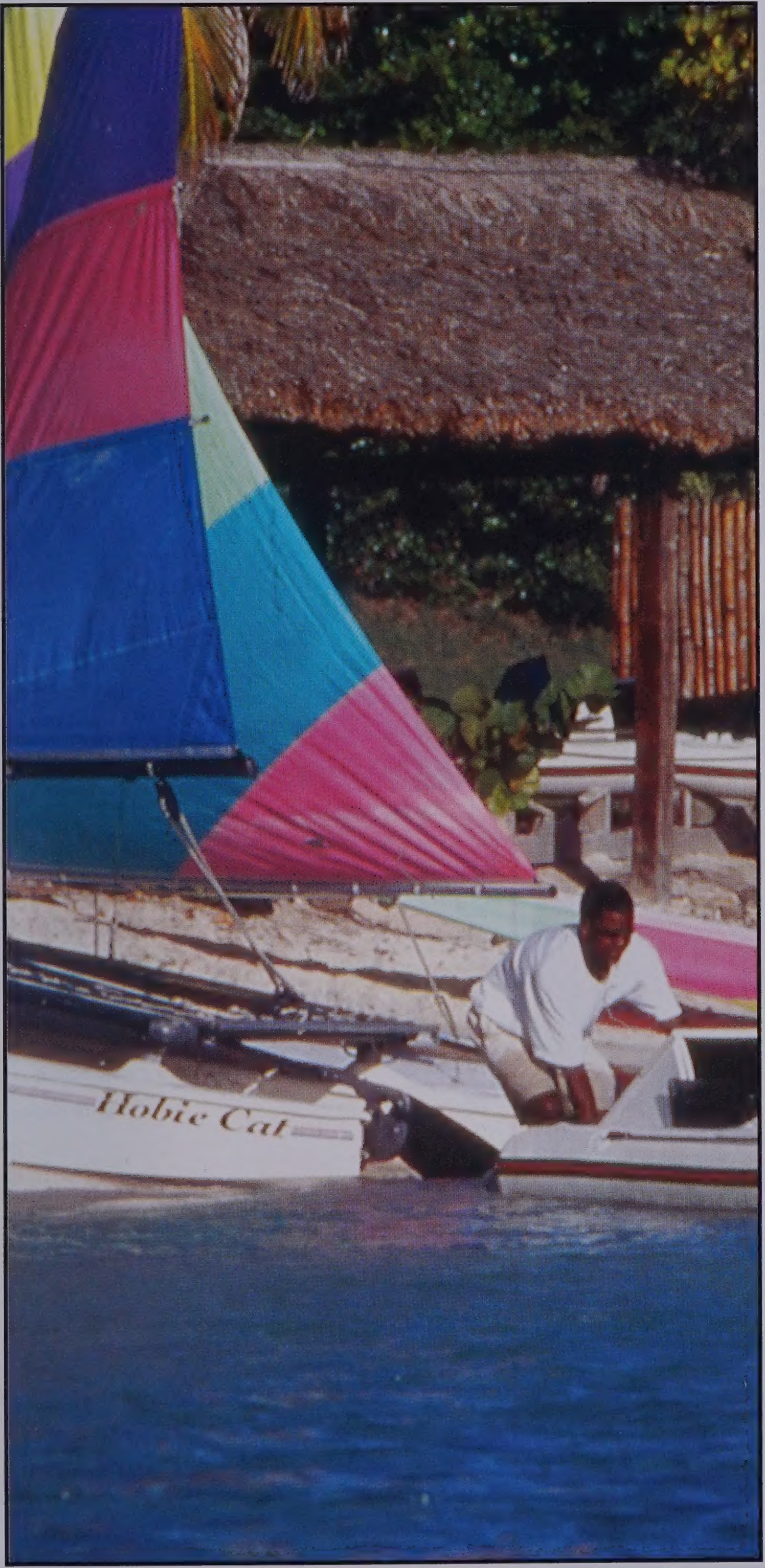
By June Jordan

well I wanted to braid my hair
bathe and bedeck my
self so fine
so fully aforethought for
your pleasure
see:
I wanted to travel and read
and runaround fantastic
into war and peace:
I wanted to
surf
dive
fly
climb
conquer
and be conquered
THEN
I wanted to pickup the phone
and find you asking me
if I might possibly be alone
some night
(so I could answer cool
as the jewels I would wear
on bareskin for you
digmedaddy delectation:)
"WHEN
you comin ova?"
But I had to remember to write down
margarine on the list
and shoepolish and a can of
sliced pineapple in casea company
and a quarta skim milk cause Teresa's
gaining weight and don' nobody groove on
that much
girl
and next I hadta sort for darks and lights before
the laundry hit the water which I had
to kinda keep an eye on be-
cause if the big hose jumps the sink again that
Mrs. Thompson gointa come upstairs
and brain me with a mop don' smell too
nice even though she hang
it headfirst out the winda
and I had to check
on William like to
burn hisself to death with fever
boy so thin be
callin all day "Momma! Sing to me?"
"Ma! Am I gone die?" and me not
wake enough to sit beside him longer than
to wipeaway the sweat or change the sheets/
his shirt and feed him orange
juice before I fall out of sleep and
Sweet My Jesus ain but one can
left
and we not thru the afternoon
and now
you (temporarily) shownup with a thing
you says' a poem and you
call it
"Will The Real Miss Black America Standup?"

guilty po' mouth
about duty beauties of my
headrag
boozeup doozies about
never mind
cause love is blind

well
I can't use it

and the very next bodacious Blackman
call me queen
because my life ain shit
because (in any case) he ain been here to share it
with me
(dish for dish and do for do and
dream for dream)
I'm gone scream him out my house
be-
cause what I wanted was
to braid my hair/bathe and bedeck my
self so fully be-
cause what I wanted was
your love
not pity
be-
cause what I wanted was
your love
your love



ARISE

EDITOR-IN-CHIEF MacArthur H. Flournoy
MANAGING EDITOR Akilah Monifa
EXECUTIVE EDITOR Glenn Alexander
WOMEN'S HEALTH EDITOR Kimberly Hicks, MD
MEN'S HEALTH EDITOR Dr. David Malebranche
NEXT GENERATION EDITOR Clarence Fluker
ENTERTAINMENT EDITOR Chaz Crowder
TRANSGENDER COMMUNITY EDITOR Sharyn Grayson
CONTRIBUTING WRITERS Loren R. Javier, Denise Liggett, Phill Wilson, Akilah Monifa, Sundiata Alaye, Hameed "Heru" Williams
CREATIVE DIRECTOR Melissa Vega
ARTISTIC DIRECTOR Mike Whiteside
ADVERTISING DIRECTOR Glenn Alexander
FASHION EDITORS Eric Hollis, John Mortimer, Oded Levy

ARISE Magazine
411 Rockmont Circle, Sacramento, CA 95835
phone: 916.419.2100 fax: 916.419.2145
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.
The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved. Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing. Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

black history

February / March 2003 – V3 Issue 2

ARISE

publishers' letter 03
libation to the elders 04
table of contents 06
features editor letter 10

COVER STORY 46
modern lines by david jacquot
by David Jacquot

FEATURES

as we celebrate our history 15
by Michael Elazier
pan african film festival 17
by MacArthur Flournoy
fire in her soul 19
by Akilah Monifa
national black HIV awareness day 21
another chance 22
by MacArthur Flournoy
the color of hatred 25
by Orville Lloyd Douglass
harlem writers: black gay writers from the harlem renaissance 43
by D. Kevin McNeir
heart, love and spanish style 65
by Oded Levy
a lott to consider 78
by Michael Young

COVER
Photo by:
David Jacquot

contents

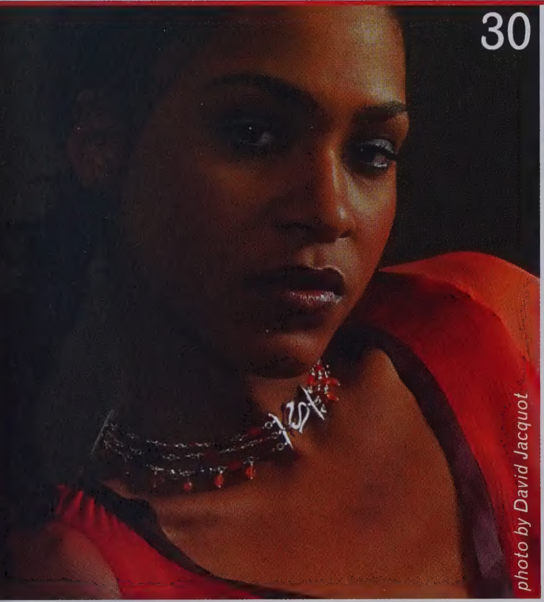


photo by David Jacquot

photo by Oded Levy

DEPARTMENTS

fashion 30

passages 57

book review 75

next generation 81

currency 86

black men's health 91

cruising 93

COLUMNS

dear zwazzi and naomi 38

glaad 41
by Loren Javier

building our communities - building ourselves 55
by Hameed "Heru" Williams

photo by David Jacquot

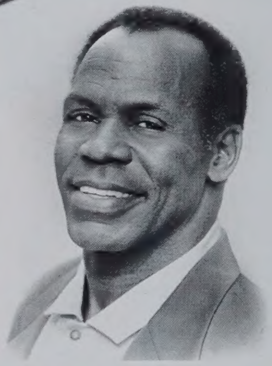
PAN AFRICAN FILM FESTIVAL

presented by

TARGET

FEBRUARY 6-17, 2003

at Magic Johnson Theatres



Danny Glover
Recipient of the
2003 PAFF Lifetime
Acheivement Award

Opening Night Gala
Featuring
the world premiere of Showtime's

"Good Fences"
starring Danny Glover
&
Whoopi Goldberg

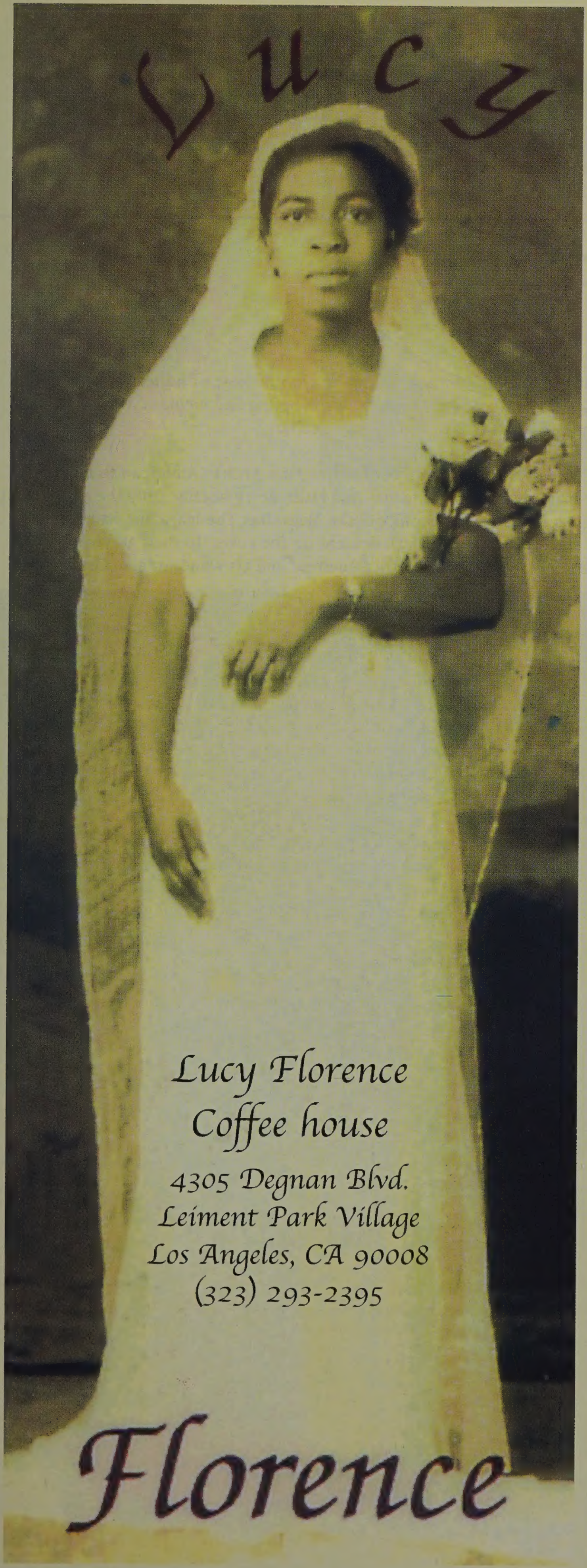
Industry panels
and
forums

All-event passes
on sale now

Over 100 films
from
the U.S.,
Africa, Europe,
Canada, the Caribbean,
the South Pacific
and Latin America

Visit

www.PAFF.org
for more information



Lucy

Lucy Florence
Coffee house
4305 Degnan Blvd.
Leiment Park Village
Los Angeles, CA 90008
(323) 293-2395

Florence

back talk

ARISE in West Africa. On a recent business trip I was surprise to find ARISE in Ghana. I was traveling on business and ran across a copy of the publication at a colleague's house. Keep up the good work.

Kevin Taylor

Thank you for "A Day In The Life Of Africa" (ARISE- December 2002). I heard about the book and I applaud its generosity of donating the proceeds to help combat the fight for HIV/AIDS in Africa. Thank you ARISE for keeping the community informed.

Diane Walker
Dallas, TX

I have been questioning if there is such a thing called "long-term relationships". I have been in and out of short-term relationships for about 6 years and getting to the end of my rope. I read your article in the December issue on Arnold Sapenter and his partner Joseph Reed. After reading their story and their 30 year commitment, I have restored hope that there is someone out there for me and not to settle for anything less.

Thank you ARISE for showing me that the door never closes without a window opening.

Renewed Hope,
Chicago, IL

managing editor letter

In like a lion, out like a lamb, February brings us a whole host of holidays from Ground Hog's day, President's Day, Valentine's and March ushers in spring and includes Ash Wednesday, International Women's Day on March 8th and St. Patrick's Day.

It's amazing but in late 2002 Robert Johnson became the first African American to be the principle owner of any major league sports team. And Halle Berry became only the 5th woman of African descent to grace the cover of Cosmopolitan Magazine. The magazine had gone twelve years without a single woman of African descent on the cover. In their 38-year history of 356 covers, that means only five women of African descent and 351 white women. Coincidence?

In this combined issue we pay homage to both Black History Month in February and International Women's Day in March. Of particular note is a book that combines both, examining the legacy of black women slaves: In Praise of Black Women: Heroines of Slavery. The book is reviewed briefly in a new section for Arise Magazine: Editors Choice. In this book section, the editors of Arise select several excellent books to profile. Books by, for, and about folks of African descent. In addition to In Praise of Black Women: Heroines of Slavery, we also profile Gumbo for Your Soul, Positive/Negative: Women of Color and HIV/AIDS: A Collection of Plays, Seeking Enchantment: A Spiritual Journey of Healing from Oppression, The Great Wells of Democracy The Meaning of Race in American Life, Gumbo: An Anthology of African American Writing, and What's Money Got to do with It?: The Ultimate Guide On How To Make Love and Money Work In Your Relationship. We also do a separate feature on a book written by Joan Steinau Lester as authorized by prominent politician, Eleanor Holmes Norton.

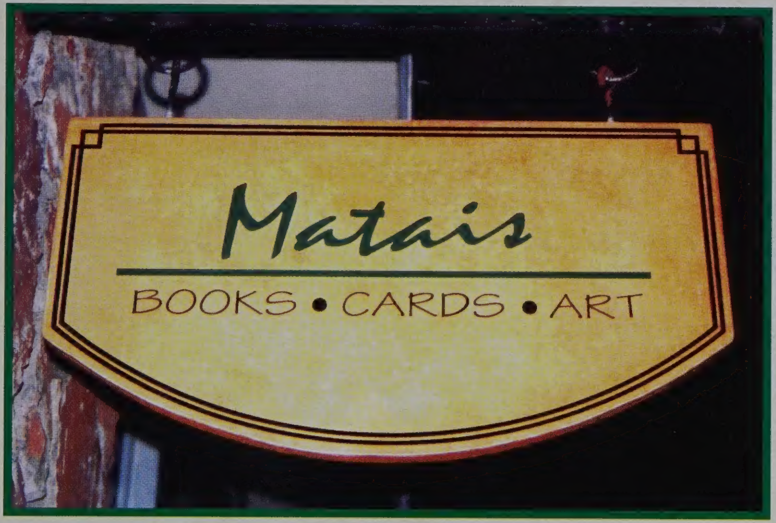
Of course we also have our usual departments, columns and musings about art, style, travel, entertainment, and people. Finally we feature the Pan African Film Festival, National Black HIV/AIDS Awareness Day, and Interior: Modern Lines.

Be safe, know your HIV status, get tested, regardless of self-identity or the identity of those with whom you are being sexual.

Peace,

Akilah Monifa

Akilah Monifa
Managing Editor



art • artifacts • books • collectibles • curiosities • cards

A cultural art space

where emerging international artists and writers can share their work and be appreciated.

Tue.–Fri. 4 p.m. – 8 p.m. • Sat. Noon – 8 p.m. • Sun. & Mon. by appt.
3202 East Broadway • Long Beach, CA 90803 • 562.434.1180 • mataispouncil@aol.com

Designed by ARISE Communications, Inc.

gsk GlaxoSmithKline
Earvin “Magic” Johnson, diagnosed HIV positive in 1991.

I am not cured

I am partnering with my doctor

I am taking COMBIVIR every day with my other HIV medicines

I am keeping a positive outlook

Individual results may vary.

COMBIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.
COMBIVIR must be used with other HIV medicines.

COMBIVIR is a prescription product for HIV and contains two medicines proven to help people with HIV live longer, healthier lives. COMBIVIR is one tablet, taken twice a day, with or without food. COMBIVIR is used in more patients and more major combination studies than any other HIV therapy.

Safety Information

- Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells
- A buildup of lactic acid in the blood and an enlarged liver, including fatal cases, have been reported
- Low risk of problems with the pancreas in adults and adolescents
- The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose

When the time is right for you, ask your doctor about
COMBIVIR in combination with other anti-HIV medicines.

Call 1-888-TREAT HIV/Visit www.treatHIV.com

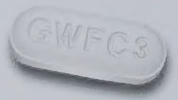
Please see important information about COMBIVIR on adjacent page.

COMBIVIR®
150 mg lamivudine+zidovudine 300 mg
TABLETS

COMBIVIR®

150 mg lamivudine+zidovudine 300 mg

TABLETS



Patient Information about COMBIVIR Tablets

for HIV (Human Immunodeficiency Virus) Infection
Generic name: lamivudine/zidovudine tablets

Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.

What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC®] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (Zi-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

Safety Information

Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.

Other Information

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

How should I store COMBIVIR tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

gsk GlaxoSmithKline

GlaxoSmithKline
Research Triangle Park, NC 27709

This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.

©2002 The GlaxoSmithKline Group of Companies
All rights reserved.

Printed in USA. CBV580R0 December 2002

As We Celebrate Our History, *Is America Repeating History?*

When I think about this month of celebration, education and understanding, I am moved to a deep appreciation for the 2003 theme as set forth by The Association for the Study of Afro-American Life and history (ASALH). This year's theme, *"The Souls of Black Folk: Centennial Reflections,"* invites an in-depth, critical examination and analysis of the state of African Americans in America today.

As I think about this theme, I reflect upon two quotations. The first one is by George Santayana, who wrote that, "Those who cannot remember the past are condemned to repeat it." I think all of us remember the past of this great Nation. It is a checkered past, some of which we do not wish to repeat. It is a past that finds African Americans without a voice and a vote.

All of us are aware of the history of the African American experience in these United States, having arrived here as a people in 1619, at a time when blacks were considered to be property brought here against their will to serve out an existence of 244 years in slavery. That is ten generations.

In 1863, our Nation brought an end to the institution of Slavery. When I reflect upon the 140 years since 1863, another quotation comes to mind. It is a quotation from Winston Churchill, who said that, "If we open up a quarrel between the past and the present, we shall find that we have lost the future."

I, for one, do not want to open a quarrel between our past and our present. Just as important as it is for us to acknowledge and celebrate the accomplishments of today, we must also address the challenges, which we face at this very hour, critical issues that cry out for solutions. One of the challenges we face is fair and proper representation of African Americans in our judicial system.

Federal judges are a civil rights issue. In appointing federal judges, the President's power to shape the federal judiciary is awesome. The effect on civil rights is great! Federal judges interpret our civil rights laws and define Congress' ability to enact civil rights laws.

Recently, President Bush re-nominated 31 judges; several have terrible civil rights records. Their re-nomination nullifies Bush's comments about Senator Trent Lott. The southern strategy, anti-civil rights and pro-States' rights is alive and well. The Senate, which is an equal partner under the Constitution in confirming judges, must reject these nominees.

But, as I look beyond the symbolism of judicial appointments and look at the meting out of justice, I find other threats to the credibility of our judicial system as well. The problem of mandatory minimums must also be addressed.

Our American justice system traditionally permitted judges to weigh all the facts of a case when determining an offender's sentence. But in the 1970s and 1980s, the U.S. Congress and many state legislatures passed laws that force judges to give fixed prison terms to those convicted of specific crimes, most often drug offenses. Lawmakers believed these harsh, inflexible sentencing laws would catch those at the top of the drug trade and deter others from entering it.

Instead, this heavy-handed response to the nation's drug problem filled prisons with low-level offenders, resulting in over-capacity prison populations and higher costs for taxpayers. The challenge that mandatory minimums offer for the future is the fact that many of the crimes that carry the most egregious mandatory sentences are for offenses that have historically and disproportionately affected people of color and, because of their severity, destroy families. Two decades after the enactment of mandatory sentences, these laws have failed to deter people from using or selling drugs: drugs are cheaper, purer and more easily obtainable than ever before.

If we look at the drug of cocaine, we will find that crack cocaine carries a 100-to-1 disparity in sentences over powder cocaine. Yet, scientists have told us that there is no scientific difference between the two. So then, the question must be asked, why is there such a big difference in the sentences for the two?

Many studies have indicated that there is only one difference between these two drug offenses. In the instance of crack cocaine, it is more often African Americans who are involved, and in the instance of powder cocaine, more often white Americans are the offenders.

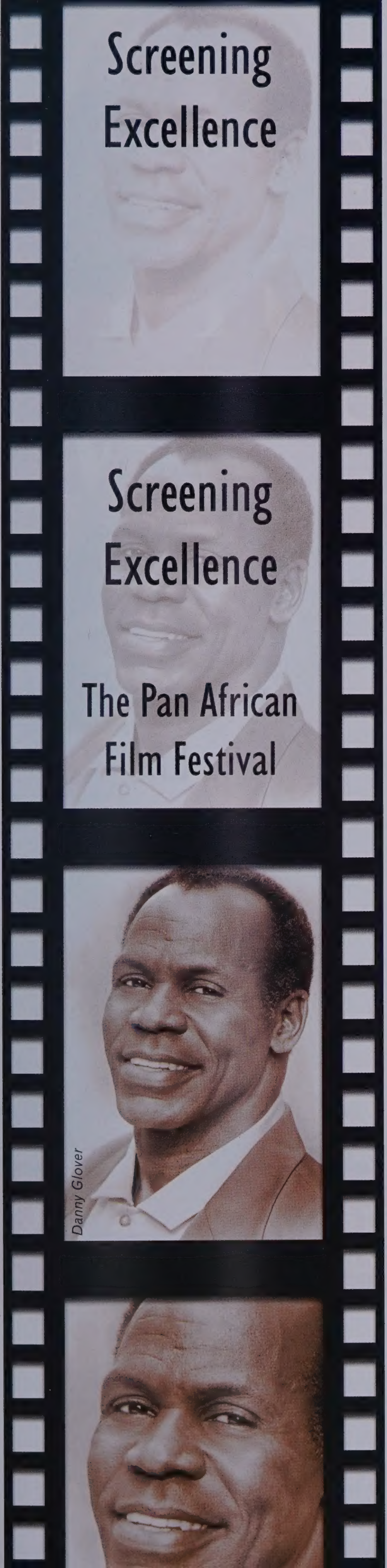
Here is the problem. If we were to look at the penalties for 5 grams of powder cocaine, one could get a probationary sentence and be charged with a misdemeanor. But, 5 grams of crack cocaine is a 5-year mandatory jail sentence and a felony.

A 16-year-old teenage boy who makes a mistake and is arrested for possession of 5 grams of crack cocaine, even if that 16-year-old pleads guilty to avoid, as happens so often, a jail sentence, he has just pled to a felony and will have permanently lost the right to vote in at least 17 of our states. This means that at the age of 36 - if this young man grows up and for 20 years lives an impeccable life, regrets the mistakes, attempts to raise a family - in 17 of our states he will not be able to vote and would not be able to be a full citizen ever again under some current laws. There is something wrong with this system of justice.

Now, what has been the result of this system of punishment? In the States of Alabama and Florida, over 31 percent of African American males have lost the right to vote following felony convictions --- permanently! In five other States, that figure is over 25 percent. Some of the experts have predicted that at the rate we are going by the year 2010, 40 percent of African American men in this country will be permanently without the right to vote. Are we repeating history?

So, during National African American History Month, let us celebrate the many achievements and contributions made by African Americans to our economic, cultural, spiritual and political development. But, let us not use it simply as a time to recite poetry. In the spirit of the Martin Luther King National Holiday, let us work to address problems in our Nation. Let us face up to challenges starting this month by holding those charged with fixing these kinds of inequities accountable. And when they are not working in our best interest in the halls of local, state, and national legislatures, we must let them know. For on Election Day, we all have the tool to prevent our nation from repeating history – one vote.

Michael Elazier currently serves as Special Assistant to Congresswoman Maxine Waters. He served as Communications Director and Spokesperson for the Congressional Black Caucus during the 106th Congress. He resides in Washington, DC and Los Angeles, CA.



Screening Excellence

The Pan African Film Festival

February 6 - 16 2003 - Los Angeles California

Written by MacArthur H. Flournoy

> *"We believe film and art can lead to better understanding and foster communication between peoples of diverse cultures, races, and lifestyles, while at the same time, serve as a vehicle to initiate dialogue on the important issues of our times."*
> *Ayuko Babu*
> *Executive Director*
> *Pan African Film Festival*

The Pan African Film Festival (PAFF) has emerged as the largest film festival for people of African descent in the United States. This year's festival will feature over one hundred quality films from the United States, Africa, the Caribbean, Latin America, Europe, the South Pacific and Canada, all showcasing the diversity and complexity of people of African descent.

Opening Night will take place at Hollywood's El Capitan Theater, followed immediately by a gala event at the Highlands. The film Civil Brand is a sexy, powerful drama that addresses the issue of private corporations running prisons for profit. Starring several of hip-hop's most credible artists, including Mos Def (Brown Sugar), MC Lyte, and Da Brat, the film also stars N'Bushe Wright (Blade), Monica Calhoun (The Best Man), Clifton Powell (Next Friday), Lisa Raye (The Players Club) and Lark Voorhees (How High). Emmy-award winner Neema Bamette directs the film. Luminaries such as Danny Glover, Vivica Fox, Ja'Net Du Bois, Michael Beach and others are expected to be in attendance.

The PAFF's Lifetime Achievement Award will be presented to Danny Glover in recognition of his distinguished body of work, presented at the Magic Johnson Theaters in Los Angeles. The presentation will be followed by a Conversation with Danny Glover and Director Charles Burnett, followed by a special screening of their film "To Sleep with Anger" Friday, February 7, 2003.

Luminaries such as Ja'Net Du Bois, Michael Beach and others are expected to be on hand sharing the love of their craft with other film aficionados. Established in 1992, The Pan African Film

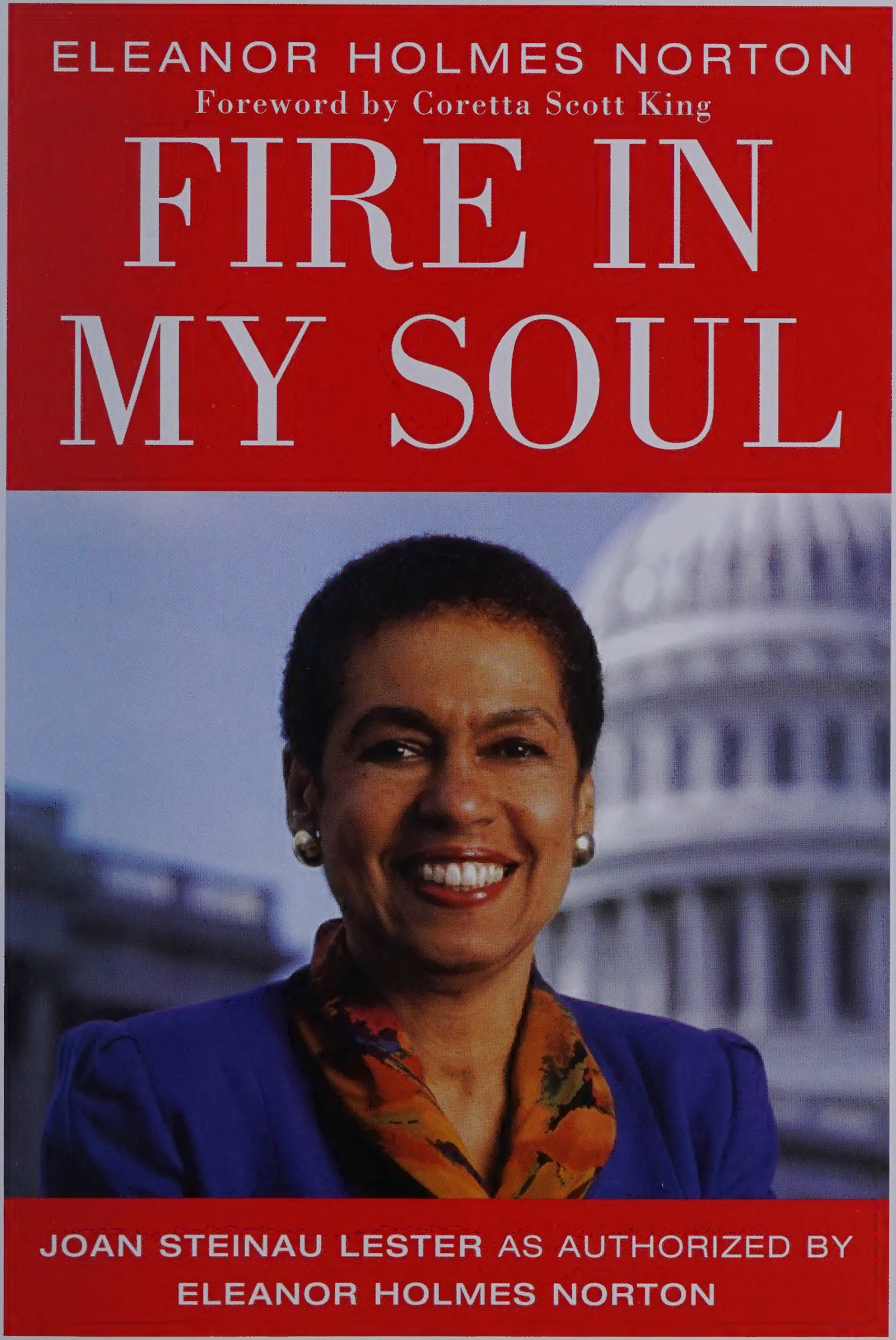
Festival (PAFF) is a non-profit corporation dedicated to the promotion of cultural and racial tolerance and understanding through the exhibition of film, art and creative expression. It is the PAFF's goal to present and showcase the broad spectrum of Black creative works, particularly those that reinforce positive images and help to destroy negative stereotypes.

"We believe film and art can lead to better understanding and foster communication between people of diverse cultures, races, and lifestyles, while at the same time, serve as a vehicle to initiate dialogue on the important issues of our times" according to Ayuko Babu, PAFF's executive director.

Mr. Babu is an international legal, cultural and political consultant specializing in African affairs. In addition to the Pan African Film Festival, Mr. Babu currently serves as a Director on the Board of the Palais de la Culture in Abidjan, Ivory Coast.

Under Mr. Babu's leadership the Pan African Film and Arts Festival has established institutional ties with the Pan African Festival of Cinema and Television (FESPACO) in Burkina Faso, and has established ties with Africano Film Festival in Milan, Italy.

For more information on the Pan African Film Festival check out www.paff.org or contact their offices at The Pan African Film Festival, P.O. Box 2418, Beverly Hills, CA 90213, (323) 295-1706, Fax: (323) 295-1952.



ELEANOR HOLMES NORTON
Foreword by Coretta Scott King
FIRE IN
MY SOUL

JOAN STEINAU LESTER AS AUTHORIZED BY
ELEANOR HOLMES NORTON

Fire in Her Soul

by Akilah Monifa

The expression goes that you can't judge a book by its cover. Although I understand the figurative sentiment behind the expression, the reality is that is exactly how most of us determine whether we want to purchase and/or read a book. Fire In My Soul by Joan Steinau Lester as authorized by Eleanor Holmes Norton not only has the first blush elements that make it a must for any library, but also has the content and wonderful writing to make one thoroughly thrilled past the initial purchase decision.

Eleanor Holmes Norton
photograph by Rhoda Baer

Joan Steinau Lester
photograph by Donna A.Korones
Fire In My Soul, PB PRess

Written by award-winning commentator, syndicated op/ed columnist as well as author of The Future of White Men and Other Diversity Dilemmas and Taking Charge: Every Woman's Action Guide, Lester, in addition to being a wonderful and thoughtful writer, is neither disinterested nor dispassionate. Her relationship with Norton goes back some 45 years when they met at Antioch College in 1958.

My knowledge of the great Norton goes back not that far, but who can forget the image — vividly described by Lester — of seven Congresswomen (including Norton) in stride, marching to the Capitol to demand the Senate take testimony from Anita Hill so that she could tell about the sexual harassment by then President George Bush's U.S. Supreme Court nominee, Clarence Thomas. It's difficult to imagine that was more than a decade ago. Norton was actually Hill's predecessor as chair of the Equal Employment opportunity Commission and the first woman to head the Commission.

Back to the cover, the blurbs in praise of this book are a veritable who's who, from Maya Angelou to Gloria Steinem, Vernon E. Jordan Jr., Marian Wright Edelman, and Charlayne Hunter-Gault. The foreword was written by non other than Coretta Scott King. A testament not only to Norton, but to Lester too.

Norton's motto is "You can't win what you don't fight for," and Lester chronicles how Norton from birth lived by this motto. She was the only black student at her undergraduate before going on to Yale Law School. Next she became the assistant legal director of the ACLU and 1970 she became New York City's first woman commissioner of human rights. Norton was always a maverick in spirit and often in reality. She has represented the District of Columbia in Congress from 1990 to present. Her life and work were always political including organizing the Free South Africa movement.

This is history, which reads like a fluid and beautiful novel. It starts in the 1850s with Eleanor's enslaved ancestors in Virginia, and continues to the present following the words and theme of Lift Every Voice and Sing in three parts: "Full of the Faith That the Dark Past Has Taught Us", "Full of the Hope That The Present Has Brought Us" and concludes with "Let Us March On" Norton's political and personal live is unveiled.

Not only is this a great chronicle of the so-called "Warrior on the Hill," it is a chronicle both of the civil rights and the women's rights movements. Often, when recounting the civil rights movement, women are left out. Likewise, when recounting the women's rights movement, women of color are excluded from the story. As an African American Woman who was and is actively involved in both movements, her life story is especially refreshing and compelling.

Our stories need to be told and retold frequently. Moreover they need to be told while we are alive and still making history. Lester captures this story brilliantly through interviews with Norton herself and countless others. We need more works like this, especially about people of color.

It's difficult to imagine another contemporary figure who has had so great an impact on social justice issues as Eleanor Holmes Norton. She is our history and our present and through Lester's writings you will uncover both.

National Black HIV/AIDS Awareness Day (NBHAAD)

Among the many prestigious events marking Black history month and the achievement of people of African descent will be National Black HIV/AIDS Awareness Day, (NBHAAD) slated for February 6, 2003.

HIV/AIDS has killed, afflicted and affected more people of African descent in this world than any other ethnic group, with more than 40 million people affected globally.

Founded by The Community Capacity Building Coalition (CCBC), which is a coalition of national organizations funded by the Centers for Disease Control and Prevention through the National Minority AIDS Initiative, NBHAAD's aim is to bring much needed attention to this ongoing epidemic.

The vision of the CCBC coalition is that *National Black HIV/AIDS Awareness Day* (NBHAAD) will contribute to an ongoing effort that would continuously utilize and build on and link HIV/AIDS prevention networks initially established when the AIDS crisis emerged.

Further, that consistent with the larger objectives of the CCBC, NBHAAD will assist the coalition in developing leadership among Community Based Organizations (CBOs), establishing linked networks, building community prevention infrastructure, promoting technical assistance among CBOs and generally raising the level of awareness of African American communities at different levels.

These levels include, physical geographical arenas such as: the national level, regional levels, state, city and local community levels. In addition, they encompass levels of issue orientation such as: the rates of infection in African American communities and other epidemiological facts; awareness of HIV/AIDS prevention services and testing sites; the need for additional services to address the disparities of health efficacy in African American communities; the mortality and morbidity associated with HIV/AIDS in African American communities, the various interest groups comprising the African American community with attendant variance in the rates of infection and morbidity and other related issues.

The CCBC is comprised Concerned Black Men, Health Watch Information and Promotion Service, Jackson State University – Mississippi Urban Research Center, National Black Alcoholism and Additions Council, National Black Leadership Commission on AIDS.

Each CCBC partner is responsible for distributing materials and/or information in their region, please call 877-867-1446 to find out the CCBC partner responsible for your region.

FACT SHEET:

HIV/AIDS Among African-Americans

African-Americans make up approximately 13 percent of the population yet more African-Americans were reported to have HIV/AIDS than any other racial/ethnic group, according to the U.S. Centers for Disease Control and Prevention (CDC).

- Through December 2000, the CDC had received reports of 774,467 cases of AIDS. African-American individuals accounted for 38 percent of total AIDS cases in the U.S., 58 percent of total AIDS cases among women and 59 percent of total AIDS cases among children.
- From January to December 2000, 47 percent of reported AIDS cases were among African-American adults and adolescents.
- In 1998, men of color represented 52 percent of AIDS cases among men who had sex with men. By comparison, in 1989, men of color represented only 31 percent of AIDS cases in men who had sex with men.
- An estimated 1 in 50 African-American men and 1 in 160 African-American women are infected with HIV.
- African-American children (under age 13) represent almost two-thirds (64%) of all reported pediatric HIV cases in the United States.
- For African-American individuals 25-44 years of age, HIV/AIDS was the leading cause of death in 1998. HIV/AIDS was the second leading cause of death for African-American men and the third leading cause of death for African-American women in this age group.

According to CDC, the data suggest three interrelated issues play a role in the continuing spread of HIV/AIDS in communities of color:

1. Health disparities between economic classes.
2. Challenges related to the control of substance abuse.
3. The interrelation of substance abuse and the HIV epidemic and other sexually transmitted diseases.

The CDC Division of HIV/AIDS Prevention has stressed that prevention strategies must be available and accessible for all populations at risk.

For more information contact:
http://www.blackaidsday.org/index.htm

another chance

Written by MacArthur H. Flournoy

In the face of death, the significance and beauty of life are held in delicate balance. The evening Debra Johnson climbed into an automobile with friends, she had no way of knowing she would be intimately acquainted with this truth, as her life would take an abrupt turn and collide with change, literally.

On May 2, 1999 at approximately 2:40 AM, Johnson and others were struck by another vehicle, leaving her in critical condition and suspended in a comatose state for more than a month.

Rumors began to circulate Johnson was ill fated and that visits were pointless. "I learned that someone very near to me at the time began to tell friends and loved ones that there was no use visiting me...basically I was given up for dead" said Johnson.

There was one woman in particular that would hear no part of such a claim and felt a distinct sense of urgency, not only to visit Johnson, but tell her how much she was appreciated.

"Debra and I had met socially on several occasions. We even talked by phone. I knew in my heart that she meant more to me than a casual acquaintance or friend but I had never told her. So when I heard of her accident, despite what others were saying, I decided that I needed to tell her how I felt," recalled Jacqueline Burns, her current partner of three years.

Burns visited Johnson never really knowing for certain if her words were being heard or understood, considering the severe head trauma Johnson sustained as a result of the accident. "I just believed by faith that she could hear me," said Burns.

After more than a month of suspended consciousness, Johnson regained her faculties and began the process of healing.

In Johnson's estimation, something profound happened in the month were she laid unconscious. "My life was changed. When I woke up, I knew that my life was different and I had a purpose for being here."

Johnson wasted no time in recording her spiritual reflections on a CD aptly entitled Another Chance, released in the Spring of 2002. I had to let the world know that God really does love everybody and that we all have a purpose for being here."

In speaking with these two powerful women, it became abundantly clear that their love for one another is based on shared values, a commitment to family and an unrelenting determination to survive with an undaunted spirit to demonstrate the faith and love they both believed sustained them through one of their greatest trial.

After formalizing their commitment for one another they purchased a four-bedroom home in Northern California with the intent to parent foster children. With bedrooms and furniture in place, their plan hit a snag.

As fate would have it, the telephone rang with a call from one of Johnson's relative requesting immediate housing for her three nephews; ages, three, five and nine. "We just knew we had to do it. There was no one else available in our family to offer these precious kids a safe and loving home so we took it upon ourselves," remarked Johnson.

Debra Johnson

Jacqueline Burns

In the months that would follow, the children would begin to disclose some of the horrific perils they experienced at the hands of a mother that wrestled with substance use and an absentee father.

"It hasn't been easy", states Burns, "But it's been worth it. These kids needed us and I thank God we were able to be there for them."

Then again in September of 2002 another call came from one of Johnson's family member requesting assistance with her newborn. "She asked me if I would consider being a mother to her son. I really wasn't trying to take on another child since we all ready had three," remarked Johnson.

Had she not taken the five-hour drive to pick up her seven-pound nephew, nor laid eyes on his tiny physique, Johnson may have been able to stand by her initial response. "Once I entered the family care facility where he was, and saw the condition the other children were faced with, and the moment I laid my eyes I him, I knew it was all over, I was hooked. He is my child" said Johnson.

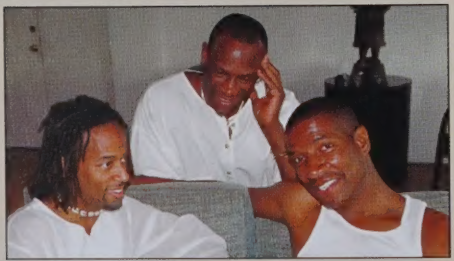
During our conversation, Burns looks on with admiration for her partner that became a mother to four children in less than a year. There is respect in her gaze. Theirs is a bond of mutual respect and growing determination to live out a purpose they feel called to achieve on behalf of their Creator.

"I know that it was God that brought Debra into my life. And I know it was God that brought these beautiful children into our lives. So every day I just thank Him for the opportunity to give back a little of the love God has shown, not only to me but all of us" stated Burns. We all got Another Chance."

IN THE MEANTIME MEN'S GROUP, INC.

Creating Unity and Affirming Our Common Bond

THE PLACE WHERE BROTHERS MEET



Visit us at Brothers Reaching Brothers Discussion Group every Tuesday night from 7 to 9 p.m. at the Village Health Foundation, 4073-75 W. Pico Blvd., Los Angeles 90019. *We hope to see you there!*

Visit us at www.inthemeantimemen.org

ON THE WEB: Talk to us at our International Brothers Talking Discussion Board. The USA, Canada, London, Caribbean and more. The boys are talking.

ON THE SCENE: We've got a full calendar of events to keep you busy all year long.

Celebrating
3 years
of
Dedicated Service

THE COLOR OF HATRED

Written By Orville Lloyd Douglass

One brother reflects on self-hatred experienced by some black people.

Often the issue of racism is discussed in terms of one race discriminating against another group. However, less likely has the discussion dealt with internal sources of agony and fear and feelings of helplessness, not feeling good enough within one's own racial group.

This is especially true for homosexuals. Pick up any gay magazine and with the image of the white homosexual male. The hot boy can't just be white, though. He has to have the Aryan appeal of having pale white skin, blonde hair and blue eyes. Darker skinned white gay men that have tans or olive skin are not the norm of the so-called "white beauty." In the white homosexual world, being pale — not having dark hair or dark features, no hairy skin — is the Adonis.

"Orville, you're too dark. I can't be more blunt than that" the man said as we danced in the so-called Oasis for black gay men in Toronto.

I stood on the dance floor confused, dazed, lost in a sea of anger and disillusionment.

As far as the gay community is concerned, skin color is still a penchant for most homosexuals whether they want to admit it or not within their own races.

Having spoken to people of other cultures, having pale skin is important as well. Asian friends of mine comment constantly that they hate having "darker" skin or not having "wavy" hair. One Asian friend of mine says that "Asian people are attracted to Western culture and for Asian gay men, trying to be white is the ideal - although many will not openly admit this fact." He continues, "Some gay Asian men are now having surgeries on their eyes so that they are appear more western looking."

The homosexual community treats black gay men a bit differently.

There is a clash between the dark skinned black gay man and lighter skinned males. The truth is dark skinned black men are treated as an exotic since they are considered more rare, and therefore more alluring. We black queers preach of unity yet behind closed doors there is an ongoing battle.

In the homosexual world there is an objectification of black men. Visit any gay porn video store and on the racks of enormous dark black dildos, there are films such as "Ebony Man" or "Pitch Black" or "Big Dark Black Cock." The implication is that there is a direct relationship between sexual prowess and skin complexion. Carrying that racist and degrading thought one step further, the next progression is that dark skinned black men are more sexually aggressive.

The real mantra for the black community is "If you are closer to white – you're right and if you're black (dark skinned) then get back." The "Mulatto" or "Biracial" person has now replaced dark skinned blacks representation of black beauty.

I question if we are really willing as blacks to seriously tackle the issue of internal racism? I had serious issues with self-hated. I questioned myself constantly due to the constant negative portrayals of dark skinned black people. I became confused, frustrated, and angry that dark skinned blacks had been pushed to the back.

One incident that resonates in my mind occurred in April 2001. I recall one particular date I had with another young black Jamaican man around my age. He was witty, smart, and intelligent, he seemed cool.

We met on a humid April afternoon at a dimly lit cafe. The conversation was going well until he dropped the bombshell.

"I don't like dark skinned black men. You are dark Orville. Your nose is too big, forehead too broad, hair too coarse, the texture of our skin is just too black." I almost choked on my soda.

The screaming weight of the moment crashed down on me harder than a ton of bricks. This guy was making these comments about my appearance, and yet he also had dark skin, a broad nose and coarse hair!

I finally regained my self-composure and stated, "Obviously skin tone matters to you, which is fine. We all have our own preferences. You don't have to like me, but you should take a look in my mirror - my black brother."

My family experienced this internal racism. For instance, my younger sister constantly makes comments on the fact that her boyfriend is half mulatto. She will say, "my man's mother is part white, and he has a white grand mother." My older brother has always had a predilection for light skinned black and mulatto women. Curiously, he is always adamant that he likes dark skinned black women as well.

Last week I was supposed to meet up this dark skinned black man. He was gorgeous, 6'1, muscular, intelligent. We went to a movie together.

After the movie he made this comment as we were driving home: "I'm so glad you're not pitch black. I was afraid, but now that I've met you, I realize you're dark but not too dark."

After we kissed, he asked, "will you call me tomorrow?" I smiled back, didn't answer as I walked back into my house. I haven't talked to him since.

ONE tablet, once daily, for simpler HIV combination therapy.

- Proven strength against HIV
- Generally well tolerated

Ask your doctor if a once-daily SUSTIVA based regimen is right for you.

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

SUSTIVA does not cure HIV or prevent passing HIV to others.

Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.

ONE Tablet
Once Daily
SUSTIVA®
efavirenz

BMS Virology™
Bristol-Myers Squibb Company

www.sustiva.com

SUSTIVA® and the SUNBURST LOGO are registered trademarks of Bristol-Myers Squibb Pharma Company. The other brands listed are the registered trademarks of their respective owners and are not the trademarks of Bristol-Myers Squibb Company.

©2002, Bristol-Myers Squibb Company, Princeton, NJ 08543, USA.

T4-K0003 11/02

℞ ONLY

PATIENT INFORMATION

SUSTIVA®* (sus-TEE-vah)

[efavirenz (eh-FAH-vih-rehnz)] capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section "**MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA.**"

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?

Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?

General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA**:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA**:

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA**:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

* SUSTIVA® is a registered trademark of Bristol-Myers Squibb Pharma Company.

** The brands listed are the registered trademarks of their respective owners and are not trademarks of Bristol-Myers Squibb Company.

Distributed by:

BMS Virology™
Bristol-Myers Squibb Company
Princeton, NJ 08543
U.S.A.

T4-B001B-11-02

6495-07
Revised April 2002

"Where you wear it... is up to you."
URBAN
golf gear

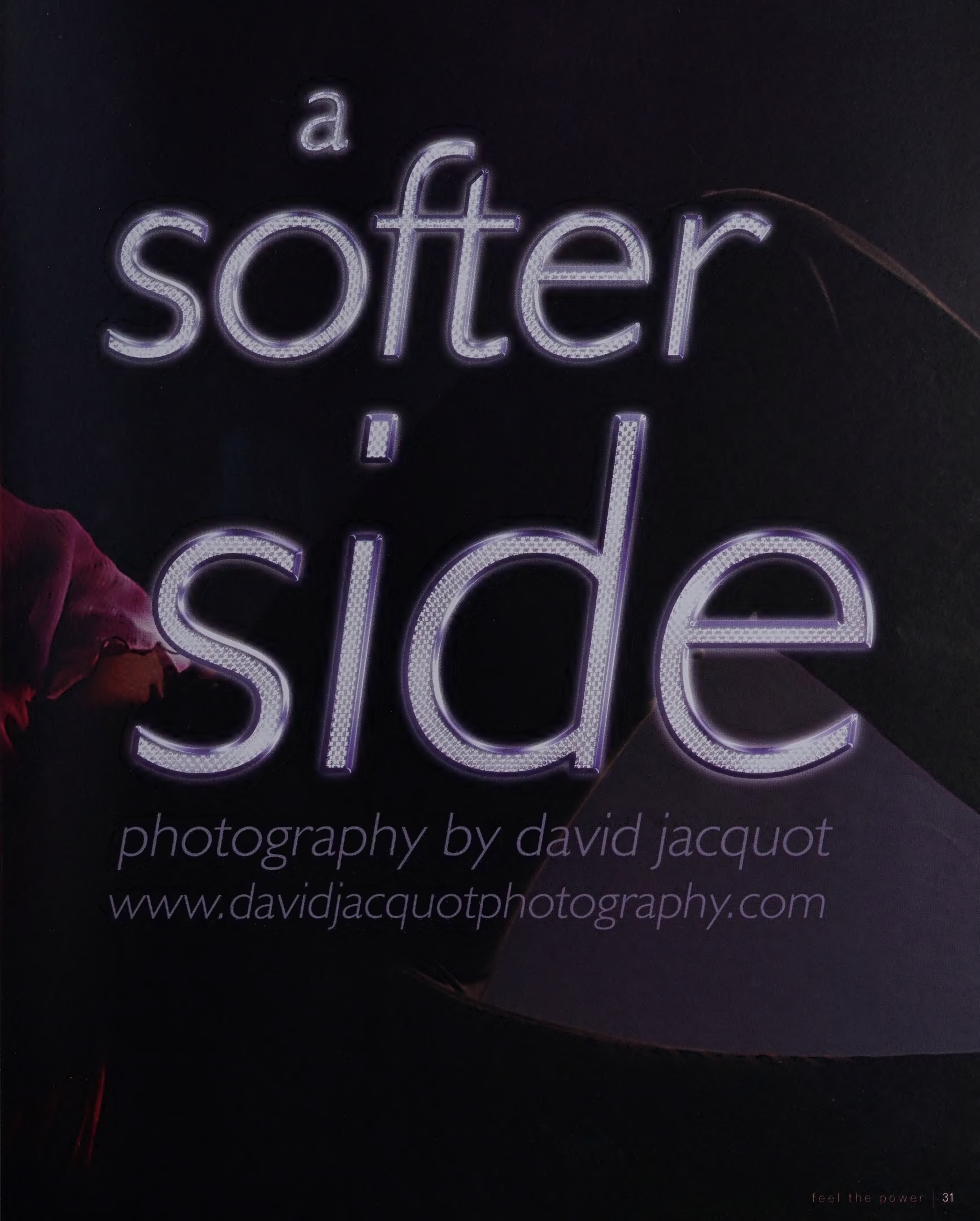
Log on to **www.urbangolfgear.com** and check out all our golf-inspired lifestyle apparel. Golf shirts, wind shirts, jackets, vests, bucket hats, caddy ball caps, T-shirts, sweatshirts, sweaters, baby T's, halter and spaghetti tanks, all embroidered with the "UGGMAN" logo.

510-893-2499

www.urbangolfgear.com

Oakland, California

Shirt by ABS. Pants by Rebecca Taylor. Necklace by Exhibitionist.



a softer side

photography by david jacquot
www.davidjacquotphotography.com

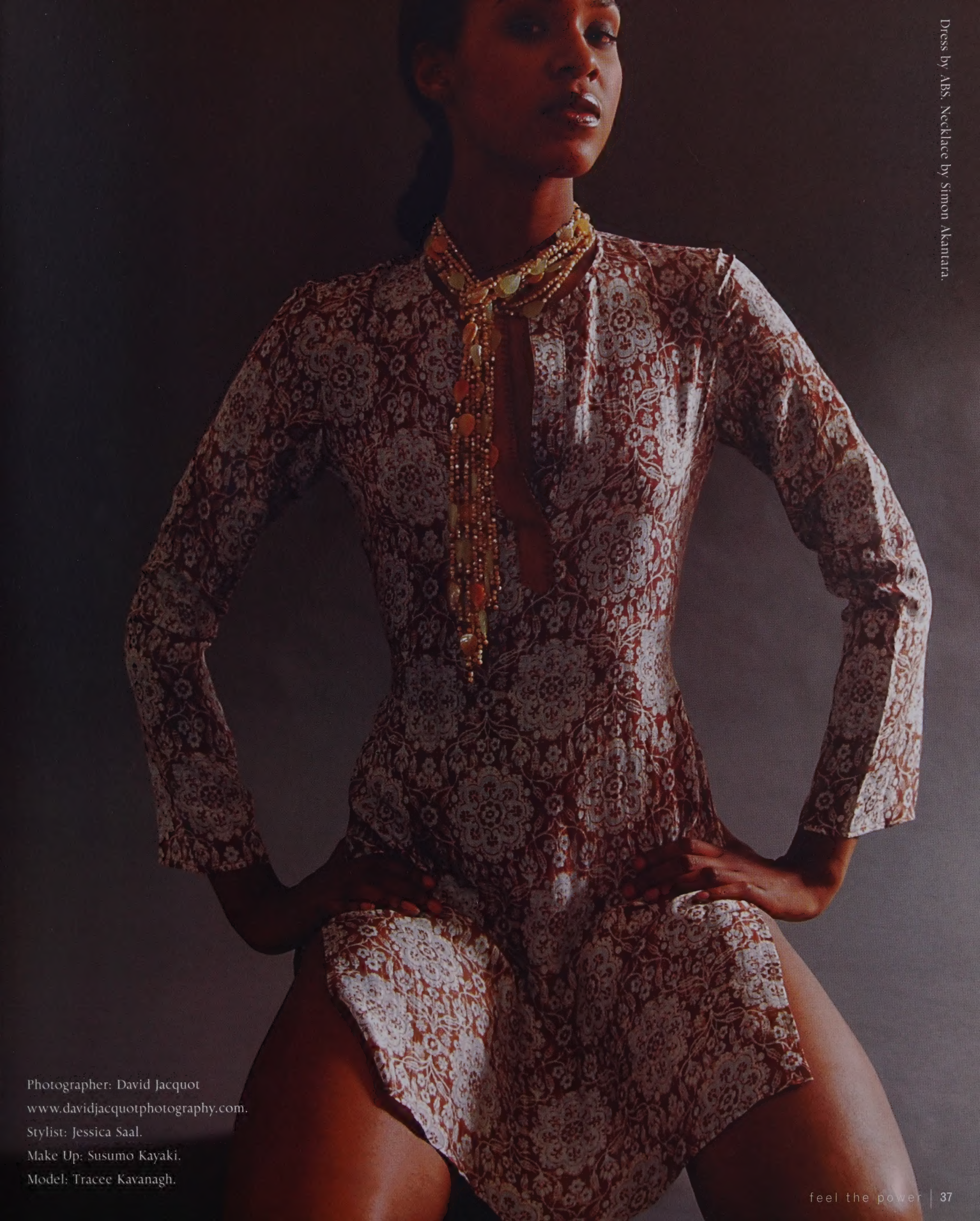
Shirt by ABS. Skirt by ABS. Belt by Simon Akantara.

Dress by ABS. Necklace by Simon Akantara.

Shirt by ABS. Necklace by Simon Akantara.

Earrings by Simon Akantara. Shoes by Edmundo Castillo.

Dress by Rebecca Taylor. Bracelet by Exhibitionist.



Dress by ABS. Necklace by Simon Akantara.

Photographer: David Jacquot
www.davidjacquotphotography.com.
Stylist: Jessica Saal.
Make Up: Susumo Kayaki.
Model: Tracee Kavanagh.

dear zwazzi & naomi

Dear Zwazzi & Naomi:

I am 51 years old. I've been in and out of relationships, none over 2-3 years. Sometimes I think I've met the perfect guy but he ends up being horrible, and I end up feeling like a b___. Help!

Signed,
Looking for Mr. Right, Chicago

Dear Looking:

We hate to bust your bubble, but there is no Mr. Right, no perfect beings and no perfect relationships. You generally get out of a relationship what the two of you are willing to put in, in terms of doing the work and going through the changes of growing together. Start using that as criteria in your search, and you'll be amazed at the relationship you'll create. You have another 20-30+ years to be in a loving supportive relationship with someone special! (132)

Dear Zwazzi and Naomi:

My lover and I have been living together for 4 years. We've done everything we could think of to keep from merging, to avoid "lesbian bed-death": we have separate bedrooms, telephones, shelves in the refrigerator – even separate vacations. When we first got together we couldn't keep our hands off each other, but the truth is, now we can go months sometimes without having sex. How can we re-light our fire?

Signed,
Kanisha, Houston

Dear Kanisha:
Too often our community thinks that staying separate will somehow magically bring us closer together. We think we're protecting our individuality, but we can end up living like roommates, living anticipating our break-up. While it's not impossible to have sex with a roommate, or the person you're waiting to break up with, it's not a formula for intimacy or romance. This is a complex issue because we don't want to lose ourselves in our relationships, but keeping separate from each other isn't the answer. We have to find ways to strengthen our own personal power and support our partner to do the same, so we're not using physical boundaries to keep ourselves separate from the people we love out of fear of getting lost.

Dear Zwazzi & Naomi is written by Zwazzi Sowö
and Naomi Prochovnick

Write Dear Zwazzi & Naomi at:
Courage to Love Institute:
Resources for Achieving and Exceeding Your
Relationship Dreams
2216 Market St., Ste. 90, San Francisco CA 94114

Phone / fax 415-401-8094
E-mail: relationships@courage2love.com

For info about upcoming Seminars & Workshops,
visit our Website: www.courage2love.com

WHAT KALETRA HAS TO OFFER MAY SURPRISE YOU
ASK YOUR DOCTOR ABOUT
kaletra®
(lopinavir/ritonavir)
FOR THE TREATMENT OF HIV

KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents in patients 6 months of age or older. KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Safety Information

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

KALETRA must not be taken with certain drugs due to the potential for serious and/or life-threatening side effects. Discuss all medicines, including those without a prescription and herbal preparations, you are taking or plan to take with your doctor or pharmacist.

Pancreatitis and liver problems, which may cause death, have been reported in patients receiving KALETRA. Tell your doctor if you have or have had liver disease such as hepatitis. Your doctor may want to monitor your liver function. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

The most commonly reported side effects of moderate or severe intensity are: abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. Children most often reported diarrhea, rash, taste aversion, and vomiting.

KALETRA oral solution contains alcohol.

Please see adjacent page for Patient Information.

www.kaletra.com

Abbott Laboratories
Abbott Park, IL 60064

©2002 Abbott Laboratories 02D-036-3533-1 May 2002 Printed in USA

KALETRA™
(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information

KALETRA™
(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

* The brands listed are trademarks of their respective owners and are not trademarks of Abbott Laboratories. The makers of these brands are not affiliated with and do not endorse Abbott Laboratories or its products.

Ref.: 03-5177-R6

Revised: January, 2002

02C-036-3240-1 **MASTER**

ABBOTT LABORATORIES
NORTH CHICAGO, IL 60064, U.S.A.

02L-036-5478-1
PRINTED IN U.S.A.

Defamation by Omission

Getting Stories Into Black Press

By Loren R. Javier

In September, the Southern Voice asked me why black press in Atlanta didn't cover Atlanta Black Gay Pride for an article entitled "Black Gay Pride Ignored by Black Press -- Event Hit Mainstream Media for First Time, but Drew No Coverage from Black Newspapers."

It was an interesting spin, but, at the same time, it was unfair of the article to pit black press against mainstream press.

First of all, it tends to absolve mainstream press, both LGBT and non-LGBT, of its responsibility to cover stories about the diversity of the LGBT community. Access and visibility, in all forms of media, is always an issue for communities of color.

What it also does is try to prove that the African American community is somehow more homophobic than other communities and, therefore, there was a lack of coverage.

This, unfortunately, is a too simplistic viewpoint. Homophobia is homophobia, but it comes in different faces. Most often, in communities of color, the manifestation of homophobia comes in the form of silence – the whole "don't ask, don't tell" way of thinking. As I told the reporter, defamation by omission is the culprit here.

Does this make the lack of coverage right? No. Our stories need to be heard within all communities of which we are part. Visibility is often measured by the size of community and, certainly, Atlanta is home to one of the largest black LGBT communities in the country.

But, we can't just look at this one issue to decide whether black press is ignoring the black LGBT community. Many black newspapers have been inclusive of our issues -- the Philadelphia Inquirer, the Michigan Citizen and San Francisco Bay View to name a but a few.

In November, even the Atlanta Voice, the city's largest black newspaper, ran stories on the beating at Morehouse College. Part of the Atlanta University Center which represents several historically black colleges in Atlanta, Morehouse became center of a controversy that brought attention to the college's need to address homophobia on its all-male campus. Sophomore Aaron Price beat fellow student, Gregory Love, with a baseball bat, giving the victim a fractured skull amongst other injuries, because Love looked at him in, what Price perceived as, an "unwelcome and unwarranted" way.

This is a good step. But, is it enough? No. Black press needs to allow for more opportunities for black LGBT people to tell their stories – more opportunities to tell stories that further humanize the black LGBT experience with non-gay brothers and sisters.

When we look at black press, though, we have to understand that it also has not had the access that mainstream press has had with the LGBT community. GLAAD began its career of media advocacy by persistently seeking meetings before we were eventually invited into the offices. The relationships with media were not born overnight. We needed to be visible before we were seen or heard.

GLAAD is dedicated to promoting fair, accurate and inclusive representation in all forms of media. As part of this, we also look at people of color media. We need volunteers to help us monitor these media outlets and let us know when they have either covered a story well, badly or not at all. It is here that the dialogue can begin.

If you read a particular black community newspaper on a regular basis, I want to encourage you to get involved and join our monitor & mobilization program. If you're interested, please e-mail me at Javier@glaad.org.

Loren R. Javier is the Cultural Interest Media Manager for the Gay & Lesbian Alliance Against Defamation (GLAAD).

nuevo: [nu·wāv·o] **new** / adj.

1.recently begun, made, built. 2.different.

3.just beginning to be used; fresh.

design & multimedia

identity
print
packaging
web
video
interactive
illustration

510.432.2124

designs@nuwavo.com

www.nuwavo.com

nuwāvo

© 2002 nuwāvo

- ORGANIZATIONAL DEVELOPMENT
- PROBLEM-SOLVING
- TEAM BUILDING
- ALTERNATIVE DISPUTE RESOLUTION
- PERSONAL EMPOWERMENT

"Experiencing those profound moments with you'.

KHPRA

CONSULTING & TRAINING SERVICES

Hameed S. Williams,
Founder/President

(917) 482-5262

www.profoundmoments.com

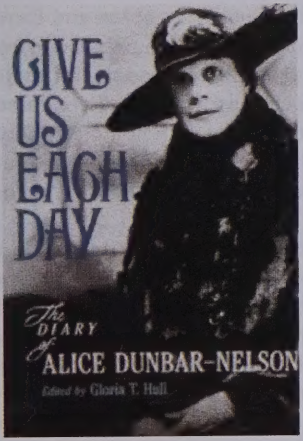
CONSIDERING OUR ANCESTORS:

Black gay writers from the Harlem Renaissance

By D. Kevin McNeir

> "Know yourself, know your enemy; a hundred battles, a hundred victories."
> -Mao Tse-tung

> "I think the trick is to say yes to life."
> -James Baldwin



GIVE US EACH DAY
The DIARY of ALICE DUNBAR-NELSON
Edited by Gloria T. Hull

When traveling back into time and reviewing the rich history of African Americans, one is always amazed by the courage of our ancestors in the daily challenge of survival. Whether we are dark as coal or "light-bright-damn-near-white," the law of the land ascribes that with one drop of black blood, we are not only Black, but also "sentenced" to a life of second-class citizenship.

Add to this formula, the realization and the acceptance that you are attracted to those of the same sex and desire a full relationship, the struggle to maintain one's dignity and self-esteem becomes even more difficult. Because while our parents, preachers and other well-doers may wish if not pray that our lot might be different, GLBT black men and women face the inevitable fact that they can never be unaware of being Black or gay.

Today when we examine the canon of literature that has been termed the Harlem Renaissance, we are often presented with readings that deal with race and self-affirmation. But we are misled and unjustly educated if we do not read and analyze more obscure texts whose topics may be less palatable to those who occupy the center.

That is because in truth, authors like Zora Neale Hurston and Langston Hughes, in choosing the themes and topics of their work, had at least two fronts to consider. First, they were driven to tackle the racial inequalities of their day—when lynching would reach an all-time high. We realize that this problem of race had not been resolved—it continues into this new millenium.

But they were also compelled, through their poems, short stories, novels and essays, to confront their own inner demons often fueled by the fear of being identified as gay and the hope that they would one day be able to live their lives as they desired without being ostracized by their own race and community.

Those history books, with which most of us are familiar, present the Harlem Renaissance as if it were an idyllic period in Black American history. But that is not the whole story.

A Renaissance in Harlem

The artistic renaissance in Harlem is said to have begun sometime after the start of Prohibition in 1920 and to have ended after America was plunged into economic chaos following the 1929 stock market crash. But Harlem's "renaissance" or revival probably began much earlier and lasted much longer than previous historians have indicated.

There were many landmark events that occurred in the 20th century that indicated that Harlem was indeed a mecca for African Americans of the time. This article focuses on the literary achievements made by Blacks who gathered and lived in Harlem. But it is important to note that this renaissance was made possible by many factors, not just in the close-knit circle of black intellectuals usually given credit, but including a series of unrelated events that occurred across America.

For example, when the all-black 369th Army Regiment returned to New York after World War I, it marched uptown to Harlem on February 19, 1919. Also in that same month, W.E.B. DuBois, the first black man to earn a Ph.D. from Harvard University, organized the first Pan African Congress in New York.

In addition, due to social conditions throughout the country, large numbers of black people left their rural homes in the South in search of better lives. Many headed to New York, in efforts to escape the aftermath of race riots over segregation, employment discrimination and equal rights issues that broke out in several cities, most notably Washington, D.C.; Charleston, S.C.; Chicago; Knoxville; and Omaha, between June and September of 1919.

Finally, a smaller but equally important phenomenon was also happening during this same time—there was a prolific expression of black creativity. Writer Angelina Weld Grimke's *Rachel,* (performed in 1916), was published in 1920—an anti-lynching play credited as the first successful drama written by an African American interpreted by African-American actors.

There were other landmarks all occurring in 1920: Claude McKay published his novel *Spring in New Hampshire,* W.E.B. DuBois published his book *Darkwater,* playwright Eugene O'Neill's black drama, *The Emperor Jones,* opened at the Provincetown Playhouse starring a Black actor, Charles Gilpin. And a year later, performers Josephine Baker and Florence Mills would appear in Eubie Blake's *Shuffle Along,* the first African-American musical revue written and performed by Blacks.

Black and White patrons would begin to flock to many uptown venues, particularly The Cotton Club, a supper club that opened in 1923, attracting the best in musical entertainment.

And a Jamaican immigrant and eventual Harlem real estate magnate, Marcus Garvey, would introduce his self-help movement and inspire a back-to-Africa movement.

Harlem was magical and transforming, especially for the disenfranchised who moved to New York with hopes of better lives and greater opportunities. But there remains in the annals of history, the tendency by historians and readers alike, to romanticize the Harlem Renaissance.

Some ignore the fact that the white supremacist group, the KuKluxKlan, while founded in the 1860s, would reach its zenith during the 1920s, as would the number of lynchings. Segregation was still the law of the land and the notion of separate but equal remained nothing more than an illusion. Even for those who would gain national and international acclaim as writers, musicians, dancers, etc., the gay and sparkling life of the Harlem Renaissance of the '20s was not as gay and sparkling beneath the surface.

Gay writers face the challenge to enlighten and transform

Several recently published books highlight the fact that many of the more celebrated authors of the Harlem Renaissance were either gay or bisexual. And while one's sexual preference does not necessarily influence the kinds of subjects one might broach, the background of a writer is significant if we to are understand the full breadth of their life and writings.

In *Black Like Us: A Century of Lesbian, Gay and Bisexual African American Fiction* (Cleis Press, 2002), the editors identify six authors from the period who as DuBois stated in a 1926 essay, "We younger Negro artists who create now intend to express our own individual dark-skinned selves without fear or shame."

These authors included Alice Dunbar-Nelson, Angelina Weld Grimke, Langston Hughes, Wallace Thurman, Richard Bruce Nugent and Countee Cullen.

Nugent's *Smoke, Lilies and Jade* (1926) has been reported as the first-known overtly homosexual work published by an African American. According to the editors [*Black Like Us*], "same-sex desire, if not thrust into the open, was at least showcased as a controversial theme for black writers to address explicitly."

However, Nugent remained, for the most part, a minority within a minority. That is, he chose to openly address homosexuality in his work and was willing to affirm his own sexual preference for men. In comparison, while Grimke, a lesbian and Dunbar-Nelson, bisexual, had been publishing politically engaging work since the late 19th and early 20th century, their work appeared to be unconcerned with homosexuality. That work of theirs that did focus on sexual orientation remained unpublished until recent years.

Today black GLBT writers assert that the origins of their work can be traced to the six authors mentioned above. But, other than Nugent, none of these authors would identify their own sexual orientation. Homosexuality, even in the sexually permissive Harlem Renaissance, still had an "outlaw status" that few blacks embraced. Writers like Hughes, Thurman and Claude McKay, took great care to conceal their sexuality from the overwhelmingly disapproving public eye, often assuming acceptable covers—as in the case of Cullen and Thurman who both married.

Hughes remains the most noted and read of all of the writers from the Harlem Renaissance. He burst on the scene with a poetry collection (*The Weary Blues,* 1926) that includes one of his more popular pieces, "The Negro Speaks of Rivers." He would later employ more risqué themes in his poetry while addressing themes of social and economic concerns faced by working-class Blacks.

Many of his contemporaries believed Hughes to be "asexual," but the publishing of his work, by white gay music critic Carl Van Vechten, his confession in 1926 of a sexual encounter with a sailor and careful readings of his later work all suggest a homosexual -- even if Hughes was not himself gay, or would not *identify* himself as such.

Actions like Cullens,' who traveled to France two months after his first wedding without his wife but with his friend Harold Jackman, to whom he dedicated his poem "Heritage," have led his biographers to assert that he was probably bisexual.

Dunbar-Nelson, who married three times, the first to fellow poet Paul Laurence Dunbar, was also involved in passionate relationships with women throughout the 1920s, as recorded in her diary, *Give Us Each Day.* But unlike Grimke, whose family was relatively well-off, most women writers found it difficult if not impossible to secure the assistance of financial patrons so they could concentrate on their work, the way many of the male writers of the period did.

They Keep Coming

In an often-quoted conversation, a journalist once remarked to James Baldwin, "When you were starting out as a writer you were black, impoverished, homosexual. You must have said to yourself, 'Gee, how disadvantaged can I get?'"

"No," the novelist replied. "I felt I'd hit the jackpot."

But would today's Black GLBT community make such a statement? At the least we have survived the journey from invisibility to ubiquity, from shame to self-respect and from the tragedy of HIV/AIDS to the triumph of a resourceful, supportive and loving community. But the battle, as most realize, is far from over.

Gay teens continue to commit suicide at alarming rates, unable or unwilling to face their own sexual desires nor to share them with the families. Some writers still fear tackling issues of sexuality but instead focus on the generations-old problem of race, believing that their work will be more readily accepted.

But our Harlem Renaissance ancestors have given us a blueprint for intellectual and literary excellence. And we have seen examples of courage and dignity as each dealt in hir or her own way with their own sexual orientation. However, if we want the full picture, we can no longer allow the canon of Black literature to be sanitized, leaving to languish those works that might lead one to a more gender-balanced view of this period of awakening.

These texts from the Harlem Renaissance, whether male- or female-authored, can only help current audiences understand the problems of sexism, homophobism and racism as they existed in the early portions of the last century. And because each problem still plagues our world, often dividing our communities and destroying the lives and reputations of people, perhaps we can learn and improve the world for future generations if we allow their texts to inspire us, moving us away from silence and against all odds to a time and place where the world sees that "we are more alike than unalike."

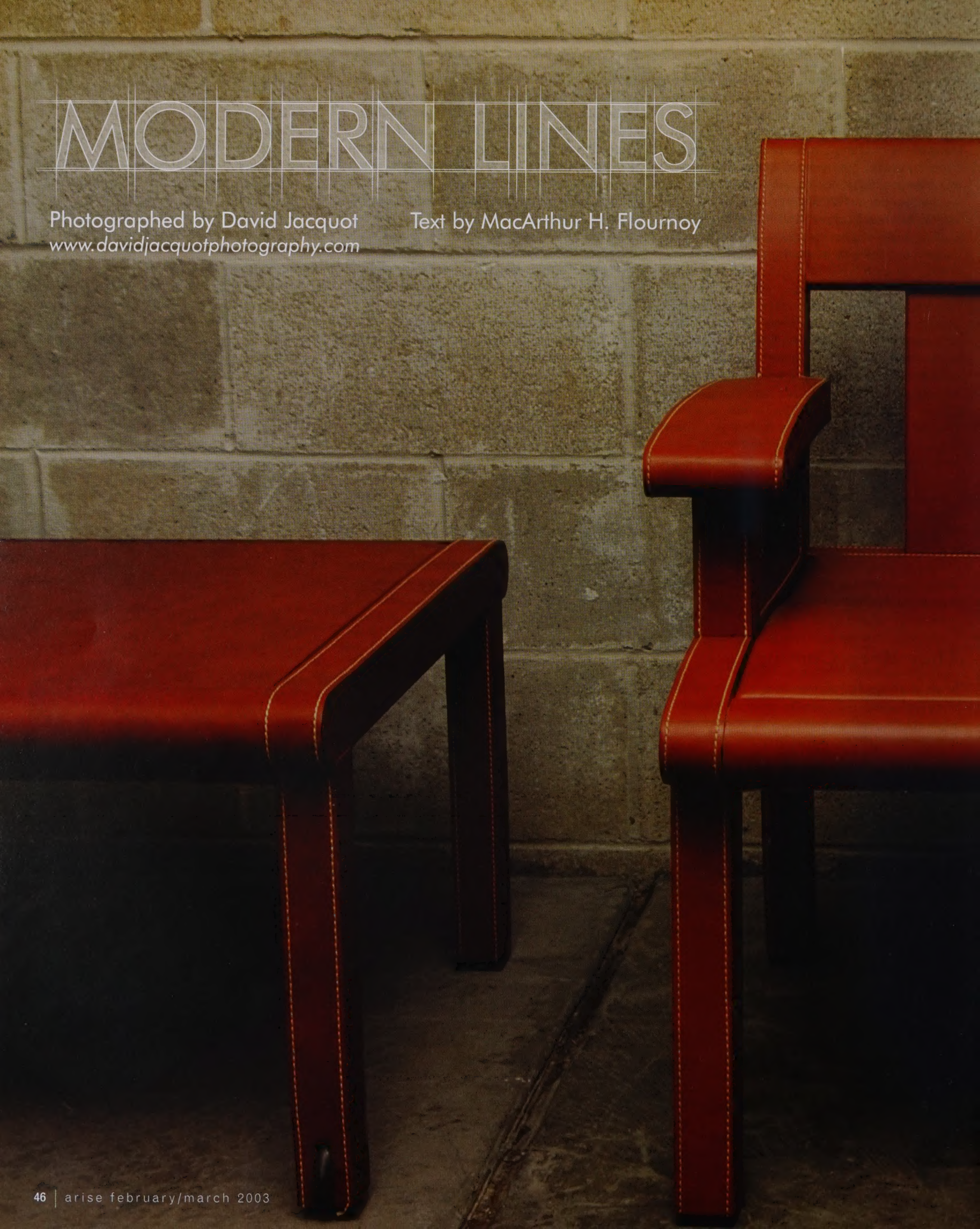
◆

D. Kevin McNeir is a contributing editor for N'DIGO and senior news reporter for Windy City Times and BLACKlines in Chicago. He also teaches English Composition and Journalism at Harold Washington College, East West University and the International Academy of Design and Technology. He is currently working on his first book and is a member of both NABJ and CABJ. McNeir is divorced and the father of two children, Jasmine and Jared.

MODERN LINES

Photographed by David Jacquot
www.davidjacquotphotography.com

Text by MacArthur H. Flournoy



Complexity of style can be conveyed in a single item. Structure, form and composition are all essential elements of elegance, understated, though very much present.

Scarcity does not connote lack; On the contrary. Clutter is an expression of confusion, an unwillingness to relinquish the past and expressed fear of **moving forward**. Here, we are not speaking of rigidity or cold design bereft of imagination and lacking in functionality.

The ideas presented on the following pages offer a visual banquet of possibilities that lend themselves to the artistry of our lives, the simplicity of beauty and the **sophistication** of **our generation**.

On first sight, one might be errantly tempted to thrust the images into the caldron of "Minimalism." Don't be fooled. The **textures**, colors, lines, and flow of design catapult these vignettes into the **stratosphere of imagination**, stimulating ways to integrate the treasures of your home with elements that while subdued, carry their own weight in any room where style is important.

So relax. Allow your senses to feast on the images in the pages that follow captured by our very own New York based photographer, David Jacquot.

For more information or to visit their showroom in New York please call 212-777-7592 or visit Poltrona Frau online at www.frauusa.com.

Presenting "**Modern Lines**"

SIMPLICITY

CONFIDENCE

SENSUALITY

COMPLEXITY

apeb committed to your healing

Clients First!

We're renewing our commitment to you.

Gala re-dedication ceremony and unveiling of newly-renovated facility on June 28, 2002. Please call for details.

P$_3$ group retreat

Services:

Primary Healthcare/Wellness Clinic
Case Management
  - *Bridge Program*
Drop-In Mental Health Services
Drop-In Legal Services
HIV Testing and Counseling
Substance Abuse Counseling
Benefits Advocacy
Peer Treatment Advocacy
Massage
Emergency Financial Assistance
  - food certificates
  - housing assistance
  - utility assistance
  - transportation assistance
  - clothing bank and food pantry
Education and Prevention
  - *Primary Prevention for Positives* (P^3)
  - *Butterfly Project* (Transgender prevention care)
  - *Latino Encounter*
  - *MAD Youth Program* (Music, art, and drama)
Men's Services Network
Women's Support Group
New Beginnings (for the recently incarcerated)
Healing Solutions Think Tank

All services are provided at no cost to clients.

Office: Mon.–Fri. 9a.m. to 5p.m. **Clinic:** Mon.–Fri. 11a.m. to 7p.m.
Please call for workshop and support group schedules.
1755 Broadway, 2nd Floor, Oakland, CA 94612
voice 510.663.7979 • fax 510.663.7980 • info@apeb.org • www.apeb.org

Celebrating Our Community

Since 1983

mind

body

spirit

APEB

AIDS Project East Bay

Serving the East Bay community for over 19 years.

Sexuality is still very taboo at work even within organizations and agencies that provide services related to sexuality. We have sexual harassment laws that are assumed to make sexual interactions in the workplace illegal. We have corporate policies about employee relationships that prohibit sexual relationships between employees. The existence of heterosexism and homophobia encourages same-gender-loving people to assume DL-roles at work in varying degrees - from "acting straight" to being a non-sexual same-gender-loving person (no pictures or mention of lovers).

our tongues are still tied

By Hameed (Heru Khuti) S. Williams

At the same time, there is much sex happening inside many organizations. The sex occurs in many forms: business partners that are also lovers, co-workers that end up in bed after happy hour cocktails, supervisors and the people who they supervise having extramarital affairs, etc. If you haven't experienced these situations yourself, you probably know someone who has. That's why you make sure not to use that one table in the kitchen area at work – you don't know who's been on that thing.

With these conflicting forces simultaneously encouraging and discouraging healthy/unhealthy sexual expression of natural sexual energy, it is difficult to know what to do about love, lust, and longing at work.

origins of sexual harassment law

Sexual Harassment laws were created in the same context as civil rights laws for race-based and gender-based discrimination. They were established to prevent the symptoms of the problem rather than do the more complex work of addressing the roots of the problem. All people have sexual energy that flows through them as a part of their life force. But not everyone has attained a level of sexual development whereby they are able to manage their sexual energies and desires in ways that are respectful of others.

In the workplace, the problem became how to manage natural sexual energies so that people weren't coerced into sexual situations based upon abuses of power by empowered individuals or group such as supervisors and managers; how to create a working environment where everyone felt protected from unwanted sexual experiences, advances, or agendas. The all-knowing white men in charge of crafting laws for us in this country relied on their specific gender and cultural lens to respond to these problems so they outlawed such behavior as a remedy.

Spending no time understanding the roots of sexual harassment within sexism and white supremacy, the all-knowing crew crafted laws that are manipulated and avoided by those individuals who are committed to using their power to enforce their sense of sexual privilege regardless of the impact upon others. Those less powerful in society are held hostage by their fear about breaking these law and therefore come into the workplace partially present with their sexual selves left at home in their closets next to their clothes for the club.

origins of corporate policies

Corporate policies restricting employee relationships are about covering the corporate behind. Oftentimes they have very little to do with constructively building a workplace that is both conscious of the many aspects of who people are and appreciative of how various aspects of people including their sexual selves can contribute positively to the organizational culture and to constructively accomplishing the organizational mission and vision. Corporate policies have long been a don't-ask-don't-tell sexual code. The reason is because these policies are broken all the time but as long as no one says anything and no major conflicts develop everyone volunteers to keep discussion about who's doing who to coffee break conversation, office gossip, and instant messenger chatter.

These policies also don't address the naturally occurring sexual energies within and between people. Because of the various flaws in these policies, people break the policies and real life goes on but in many instances on the DL.

consider this...

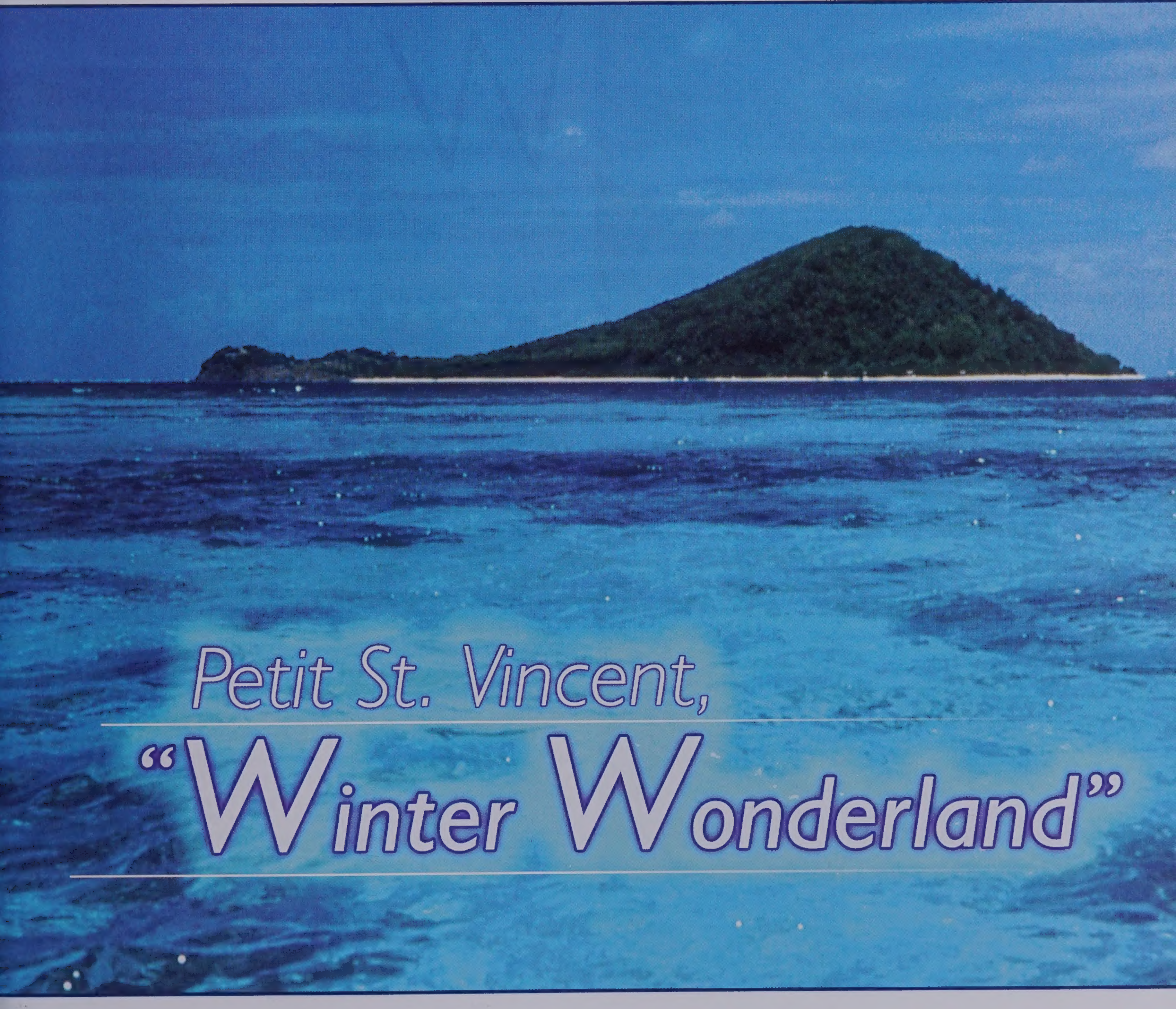
- Everyone has the human right to be free from unwanted sexual advances, sexual experiences, and sexual agendas in the place where they work.

- Everyone should be able to affirm and show a value in their personal relationships with loved ones (lovers, husbands, wives, significant others). The workplace is an appropriate environment to affirm and show this value. Many of us work to be able to afford to enjoy our lives with our lovers so to deliberately keep them anonymous or invisible at work is nonsense. During a difficult period at work, it may be necessary to look at a picture of a lover to remind us why we put up with all this stress.

- Professional relationships are personal. These relationships draw upon, affect, and nourish our emotional, physical, and yes even sexual selves. Remember an occasion of great sex that was precipitated by that period of heightened professional success or how lousy you were at work when you weren't getting your bedroom needs met at home. Better to acknowledge this dynamic and learn how to work it than to act as though it doesn't exist and potentially get swept away by its power. While you may have decided to put your head in the sand, there are sex positive, socially skillful people who are using sexuality in healthy, fun, and creative ways to advance their professional agendas without having to lie down on the corporate couch.

- Sex positive workplaces are possible. Sex positive workplaces are workplaces in which the sexualities of all members of the organization are respected and nurtured in a manner that promotes a healthy work environment, humane and just interactions, mutually rewarding relationships, and the overall wellbeing of its members. Sex positive workplaces are workplaces in which people can approach relationships with others in a holistic, affirmative manner. Sex positive workplaces must necessarily contain conflict resolution processes that are affirming to the human spirit and soul and are designed to restore and repair relationships rather than achieve compromise between those in conflict.

This column is dedicated to discussion of work and career, leadership and management, organization development and institution building. Please email your questions and suggested themes to Herukhuti at: heru@profoundmoments.com. If selected, your question/theme will be selected for a response in this column.



Petit St. Vincent, "Winter Wonderland"

Winter weather has been all over the map in the U.S. the last few years, leading many to wonder if Old Man Winter has lost his groove. If so, he can get it back — and so can you — with a few days of peace, tranquility, and totally predictable weather patterns at Petit St. Vincent, a private island resort in the Grenadines. There won't be any snow on the ground, of course. But who needs the white stuff when you can get swimming, soaking and snorkeling in the true-blue Caribbean while outside temperatures barely budge between 78° and 85° from January to July.

Tucked on its own a 113-acre private island just 40 miles south of St. Vincent, Petit St. Vincent is an idyllic little paradise with two-miles of white sand beaches, calming crystal blue seas, and 22 discreet and luxuriously comfortable cottages in which to lay back and unwind. It's a true private island getaway — and the getting is great.

Unlike so many Caribbean resort properties, Petit St. Vincent isn't part of some vast corporate hotel chain. Rather, it's the personal property of Haze Richardson, who lives on the island with his wife, Lynn, and their six yellow Labs. The Richardson's idea of what makes the perfect island hideaway permeates every aspect of Petit St. Vincent. There are no televisions on the island or phones in the cottages. There are myriad watery diversions; including snorkeling above stunning reefs just a few strokes from the shore. Perhaps best of all, there's that all-too-rare antidote from today's rush-rush world — privacy. Indeed, thanks to a charming flag pole/message box communications system, guests at Petit St. Vincent can even avoid the staff if they so desire and yet still get discriminating service delivered right to their cottage door.

High-season rates at Petit St. Vincent run $910 per night/double occupancy, plus a 10% service charge and 7% government tax, from December 21, 2002 to March 15, 2003. From March 16 to April 11, 2003, rates run $740 per night/double occupancy, plus a 10% service charge and 7% government tax. From April 12 to May 1, 2003, rates run $585 per night/double occupancy, plus a 10% service charge 7% government tax. And from May 1 to August 31, 2003, a special summer getaway package offers eight days/seven nights for $3,910, which includes the service charge and tax. Whatever the dates, all rates include all meals, afternoon tea, boat transfers and all water sports.

For more information and reservations at Petit St. Vincent, please call (800) 654-9326 or Leading Small Hotels of the World at (800) 223-6800.

Courage To Love Institute:

Zwazzi Sowo and Naomi Prochovnick

By Akilah Monifa

Who are your role models for relationships? Do you know how to be in a relationship? How do you learn? How many folks do you know that are in long term relationships? Wouldn_t it be good if you could take a class, or have lessons in relationships?

Courage To Love Institute was designed with one purpose in mind: To let you identify and change your limiting beliefs and create your dream relationship. The tag line on the brochure is to "achieve and exceed relationship dreams." The two main questions the brochure also poses are 1. Would you like to have more pleasure and passion in your relationship? And 2. How would your life be different if you were to achieve and exceed your relationship hopes and dreams?

The first question is of course a no-brainer, but the second was at first unfathomable to me. But Zwazzi Sowo and Naomi Prochovnick (an African American and Jewish couple), workshop leaders for the Courage To Love Institute and also a couple for thirteen years actually gave thought about their relationship from the early onset, studied and researched relationships. There was of course a change in their relationship as a couple, but also changes in their lives as separate individuals.

They discovered early on "...that looking at opening up our relationship was a way to avoid intimacy with each other and to dilute the commitment to each other and our marriage, while upping the "drama" factor. For us, being in a monogamous relationship has been one of the important aspects which has Allowed us to reach levels of intimacy and trust with each other that neither of us had ever experienced with anyone else."

Zwazzi and Naomi have been doing relationship workshops for 9 years. They will offer four two-day workshops in 2003 and 12 two-hour introductory seminars. They are open to any one who is considering a relationship. According to the couple it is never too early or too late to consider a relationship workshop.

In their own words:

Within the first year of our relationship, after the 3-month "honeymoon" had worn off, we started having struggles. Looking back now, it's easy to see we were each trying to figure out who we were and how to be together, but we each had a lot of personal stuff coming up [including a lot of very old issues and behaviors for both of us], and very few effective ways to communicate, with ourselves or each other. Fortunately we both had a sense early on about how special this relationship was/could be; we were also both tired of repeating our old patterns over and over [we'd both had a history of unsuccessful relationships], so we started looking for help and support right away. We were both in recovery, so we started with Recovering Couples Anonymous [RCA], which was a great start but still didn't offer us enough tools and support to help us change our behaviors and patterns, because there wasn't any leader or teacher. We were extremely fortunate to find a relationship program for lesbians called "LoveWorks", which made a tremendous difference in our lives - we both credit our ability to stay together and work through all our issues to the tools and support we got here. We were in this intensive program for 3 years; the third year we were both assistants and facilitators-in-training.

When the program ended we knew we needed to continue our training and practice; we also knew the biggest element that had been missing from "LoveWorks" was support and learning about the complex racial and cultural diversity issues in our relationship. So we co-created an ongoing group with five other couples who had been in the same program, which was intentionally very racially and culturally diverse; this group continued for another three years. In addition, our appetite for understanding relationship dynamics and learning effective and "user-friendly" communication skills and techniques continued to grow. We started turning to the teachers and programs our previous trainers had used, and spent the next several years participating in many different trainings and workshops, each one taking us to a new level in our understanding and practice of our own relationship. During this time, we also started being called upon to facilitate our own workshops and seminars, both locally and across the country, leading us ultimately to develop Courage To Love Institute.

The truth is, after 13 years, we have grown and changed phenomenally; the gift is that we have grown and changed together. Because we have a willingness to be really vulnerable and intimate with each other, and access to incredibly valuable communication tools and techniques, we are able to return to a state of deeply loving each other, over and over again.

In terms of role models for relationships, they identify:

- Our first teachers, Sonika & Debra, from "LoveWorks", who taught us that openness and honesty in relationship were essential; that we could have everything we wanted without having to settle for anything in life; the true meaning of partnership and ways to support each other to become our fullest potential selves.

- Naomi's parents who just celebrated their 50th wedding anniversary who showed us that long-term committed relationships are possible, and that after 50 years you can still be in love, attentive and playful.

- Our pastor at City of Refuge Church, Rev. Yvette Flunder, and her partner Shirley Miller, who have been together almost 20 years, and publicly model adoring devotion as well as conscious recognition of the preciousness of their relationship.

There is an unspoken belief that we all come into the world with this inherent knowledge and ability to have successful relationships; the truth is, it's a learned skill, just like any other. We need training and a license to drive a car, but we will let ourselves crash and burn over and over again in relationship before we bring ourselves to seek support and coaching. We take our car to a mechanic for tune-ups to make sure it runs long and well; we see our medical provider annually for check-ups; but the concept of ongoing maintenance to have a healthy vibrant relationship is far and few between - it usually requires a major crisis, like the threat of break-up, to get people to seek help. Our advice is: recognize and honor the precious gift of loving and being loved; run, don't walk, to your nearest available relationship support system and get committed. The commitment is not just to your relationship but really to yourself and your quality of life: everyone deserves to have deeply fulfilling loving intimate relationships, but we all need to learn - and practice - the skills involved in keeping them.

This belief has been the driving force behind us developing Courage To Love Institute. We wanted to offer accessible, user-friendly, "common-sense" tools and techniques that are always simple - if not always easy - and focus on developing partnership, intimacy, trust, and keeping passionate love alive. We hold free evening seminars and affordable weekend workshops here in the San Francisco bay area.

Do you offer specific Advice for LGBT Couples?

One major difference we see is that LGBT relationships are seen as even more disposable than heterosexual relationships [pretty amazing when you consider that the heterosexual divorce rate is over 50%]. Also, LGBT relationships don't have the societal and community systems to support us [much like black people don't in the white culture] so when our relationships falter we don't have enough systems to help keep us intact. Mostly we see LGBT and heterosexual relationships as culturally different but ultimately dealing with the same, human issues: keeping passion alive, intimacy, trust, anger, avoiding boredom, power struggles, money, sex, children & family, house-keeping, washing dishes, changing the toilet paper you know, all the really important, life-changing issues! The truth is, we mostly all crave love and companionship in our lives: someone special to share our lives with. This is why our program Courage to Love Institute is open to everybody.

You can contact Courage To Love Institute, to learn more about their work and upcoming seminars and workshops:
2261 Market St., Ste. 90
San Francisco, CA 94114
Phone: 415.401.8094
Fax: 415.401.8094

to subscribe visit us at: www.arisemag.com

ARISE

For Diverse People of African Descent

12 Exciting Issues for $35.00

subscribe now

FEEL THE POWER

designed by Nuwävo for Arise Communications

ZUNA Institute Presents...

National Black Lesbian Conference!

Building Community: Moving Forward

Radisson Hotel Los Angeles Westside
6161 West Centinela Avenue
Culver City, California 90230
1-800-333-3333
Ask for Zuna Institute Rate

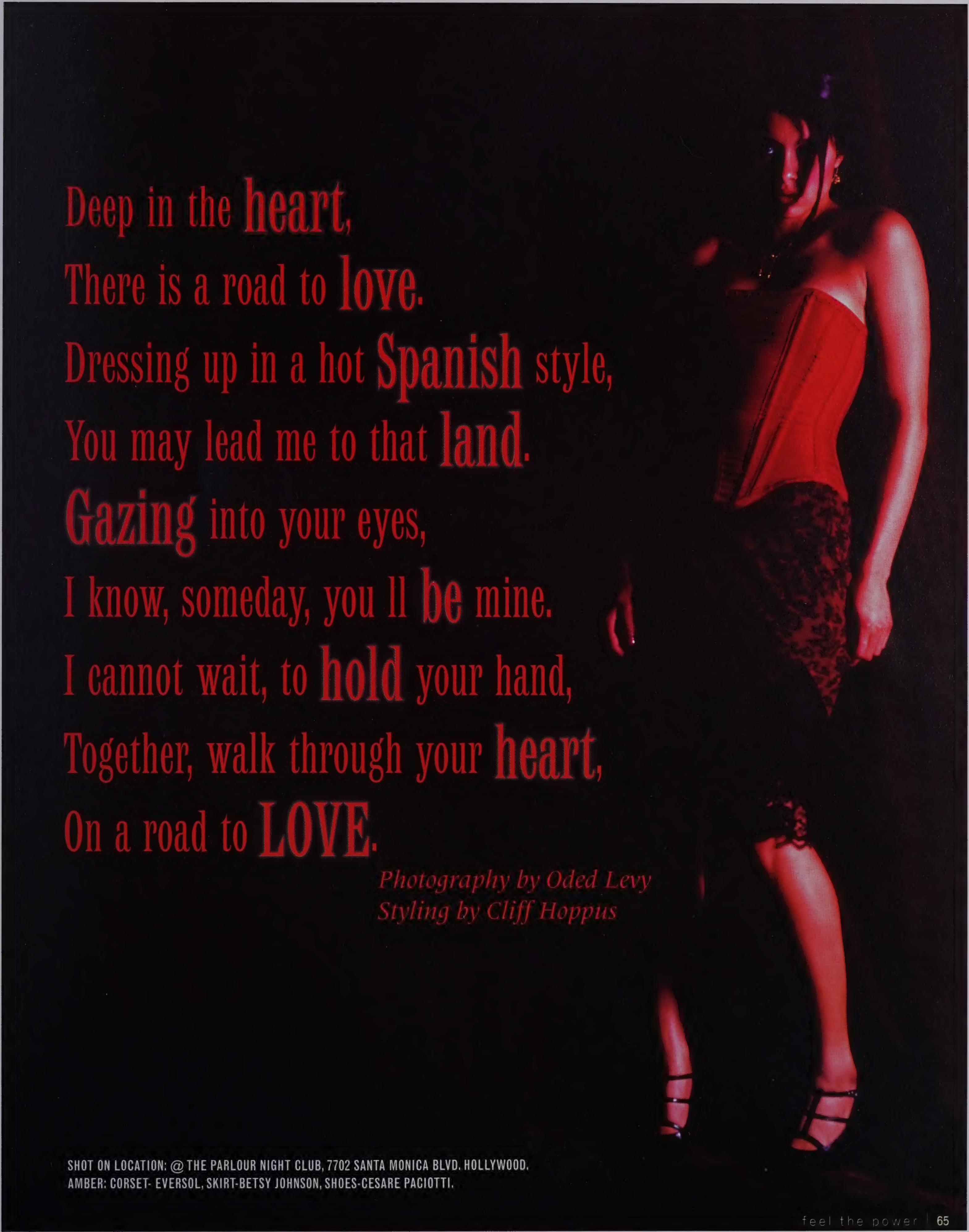
- workshops
- banquet
- a spiritual gospel brunch
- and much, much more

April 11 - 13, 2003
Don't miss this historic event!

Zuna Institute
6114 LaSalle Avenue
Suite 527
Oakland, CA 94611
Phone: (916) 419-5075
VM: (510) 482-1671
Fax: (916) 419-0738
www.zunainstitute.org

Thanks to the following sponsors:

ASTRAEA ARISE NCLR National Center for Lesbian Rights ATB AT THE BEACH

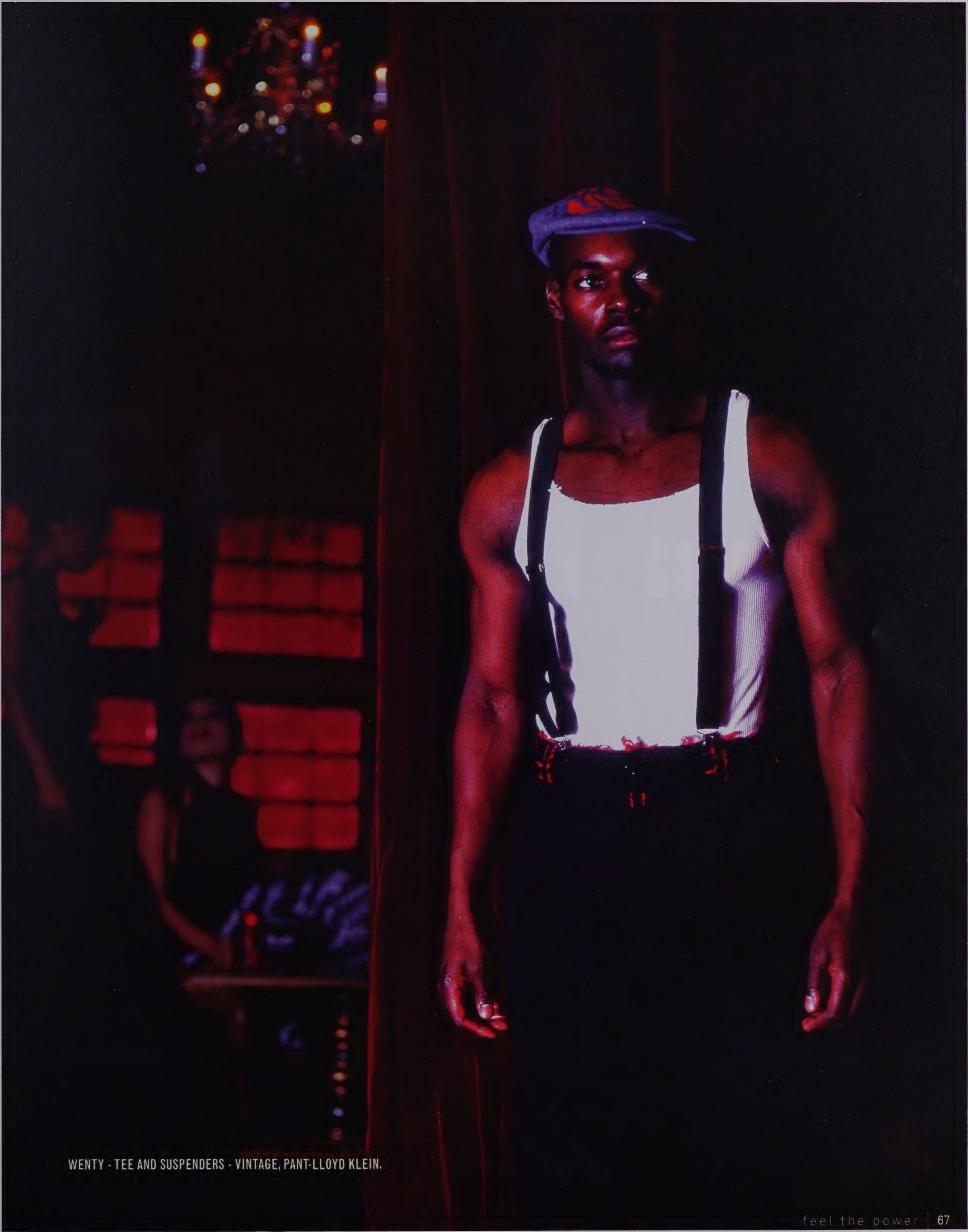


Deep in the **heart**,
There is a road to **love**.
Dressing up in a hot **Spanish** style,
You may lead me to that **land**.
Gazing into your eyes,
I know, someday, you ll **be** mine.
I cannot wait, to **hold** your hand,
Together, walk through your **heart**,
On a road to **LOVE**.

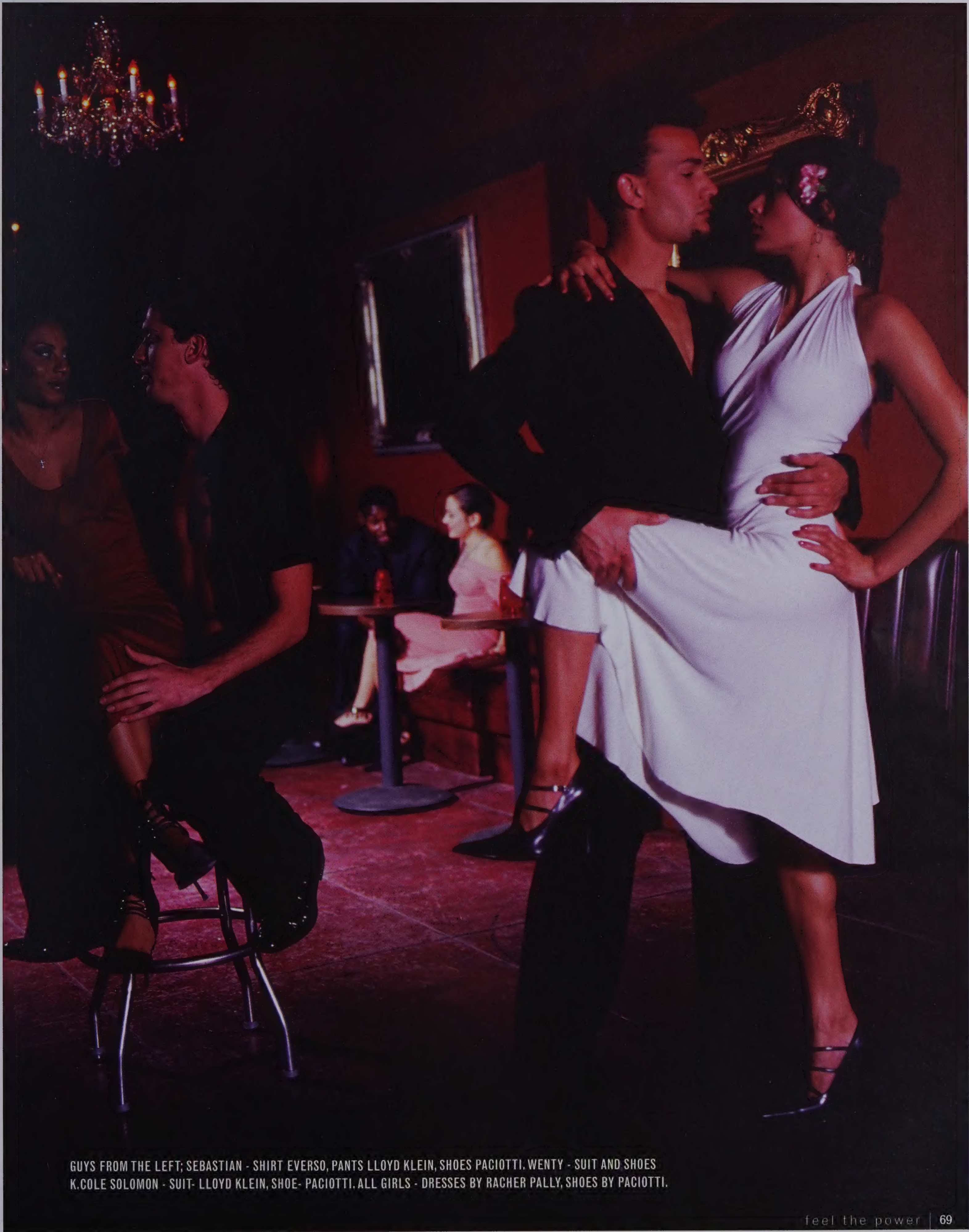
Photography by Oded Levy
Styling by Cliff Hoppus

SHOT ON LOCATION: @ THE PARLOUR NIGHT CLUB, 7702 SANTA MONICA BLVD. HOLLYWOOD.
AMBER: CORSET- EVERSOL, SKIRT-BETSY JOHNSON, SHOES-CESARE PACIOTTI.

FROM THE LEFT: NAKOMI – DRESS-GAI MOTTOLO. NATALIE - TOP-LLOYD KLEIN, SKIRT-GAI MOTTOLO. AMBER - DRESS-GAI MOTTOLO, PURSE-COREM ROSE.

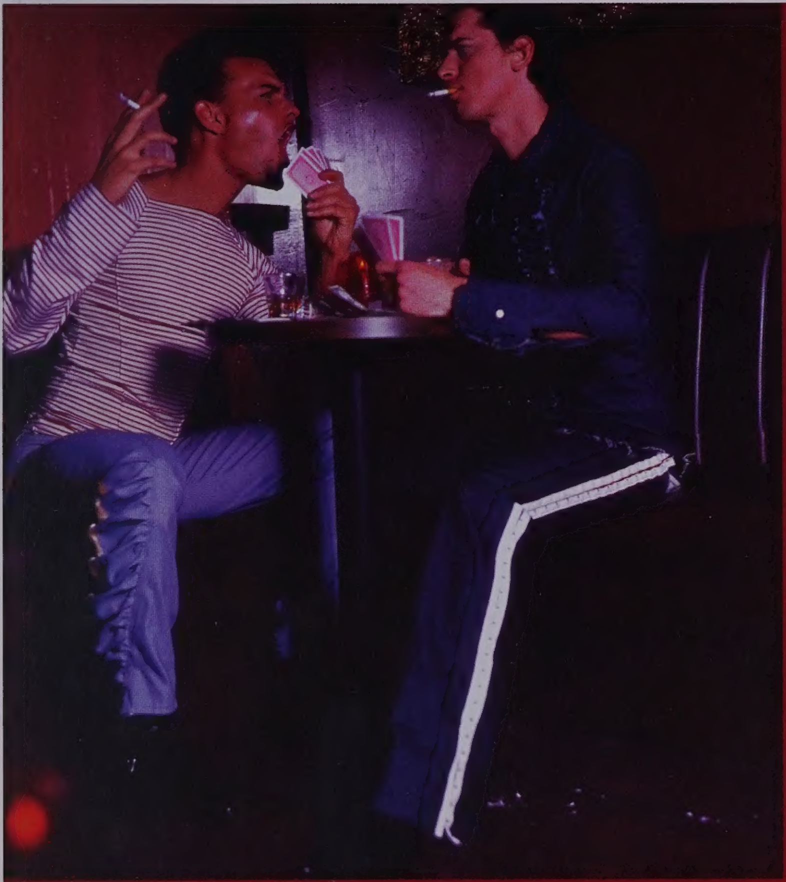


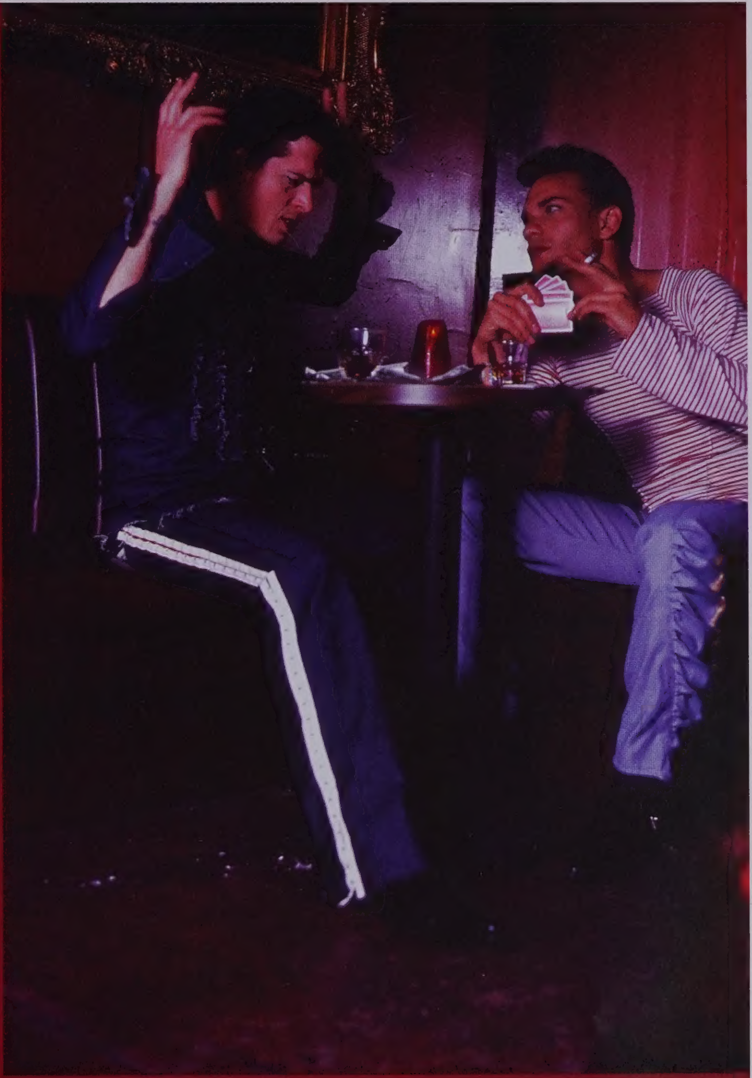
WENTY - TEE AND SUSPENDERS - VINTAGE, PANT-LLOYD KLEIN.



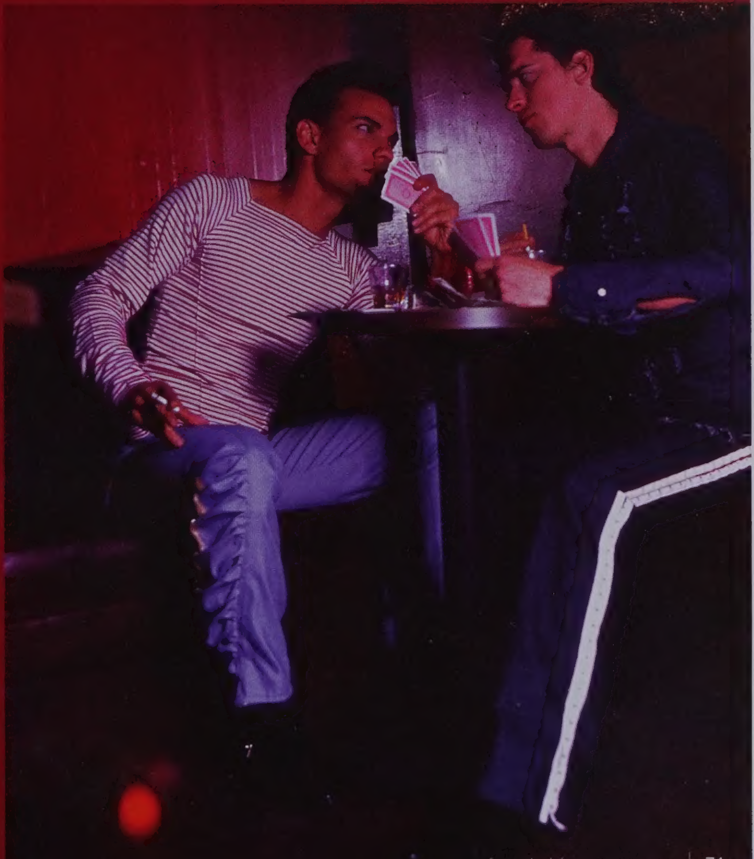
GUYS FROM THE LEFT; SEBASTIAN - SHIRT EVERSO, PANTS LLOYD KLEIN, SHOES PACIOTTI. WENTY - SUIT AND SHOES K.COLE SOLOMON - SUIT- LLOYD KLEIN, SHOE- PACIOTTI. ALL GIRLS - DRESSES BY RACHER PALLY, SHOES BY PACIOTTI.

SLOLMON - SHIRT-PLEASURE PRINCIPLE, PANTS-J.LINDEBERG, SHOES-PACIOTTI.





SEBASTIAN AND SOLOMON ARE WEARING EVERSOL.



SEBASTIAN - SHIRT&PANTS-LLOYD KLEIN. NATALIE - DRESS- BCBG, SHOES-PACIOTTI, NECKLACE-SHEA MURRAY

NAKONI- BRA-KRIZIA, SHIRT-BCBG.

WENTY - BLACK TUX SHIRT-K.COLE, PANTS-LLOYD KLEIN.

Style by Cliff Hoppus @ Exclusive Artist Mgmt. www.exclusiveartistsmgmt.com. Make up by Barbara Yniguez @ Cloutier Agency. www.cloutieragency.com. Hair by Eytan Ben. / Choreography by Cati Jean @ K.S.A./Models: Amber from Wilhelmina, Nakoni from Bloc, Wenty from LA Models, Solomon from Warning and Sebastian from Dragon. Photographer's Info: Oded Levy; 213 841 3932 Email: odedlevy2001@hotmail.com

By Akilah Monifa, Managing Editor

In Praise of Black Women: Heroines of the Slavery Era (The University of Wisconsin Press Modus Vivendi Publications 2002) Simone Schwarz-Bart with Andre Schwarz-Bart

This book originally published in French is the second volume of a four volume set. The first was "Ancient African Queens" and the third and fourth available in the spring and fall of 2003 are "Modern African Women" and "Modern Women of the Diaspora" It is all about praising Black women in word and through wonderful pictures and illustrations. The women praised are Aqualtune (an enslaved Congo Princess), Anastasia (patron saint of Brazil's Blacks), Dandarah (who was named after a goddess), Paanza (mother of two great Saramaka nations), Nanny (a Jamaican National figure), Zabeth(the eternal Maroon), Solitude (heroine and martyr of the great 1802 rebellion), Phillis Wheatley (one of America's great poets), Harriet Tubman (the Moses of the Black people), Ellen Craft (and her ingenious escape), Margaret Garner (the loyal slave who rebelled), Susie King Taylor (the youngest soldier in the union army), Sojourner Truth (the woman who wanted to show the light to the world), and Amy Spain (the unknown black woman). Most notably featured is "slaves speak" using the women's own words.

A welcome exploration of women of African descent in slavery beyond the usual suspects of Harriet Tubman and Sojourner Truth. This book is a must for all wanting to know the historical perspective of women slaves of African descent.

www.wisc.edu|wisconinpress

Positive/Negative: Women of Color and HIV/AIDS: A Collection of Plays (Aunt Lute 2002) Edited by Imani Harrington and Chyrell D. Bellamy

With World AIDS Day and the International TK on AIDS in the not too distant past, folks in the United States seem rarely to talk about HIV/AIDS in the media. HIV/AIDS Organizations speak of the difficulty in getting their issues covered unless there is a walk or bike ride. For most it is not longer a "hot issue" as if the impact is not still deadly and as if any of us can turn our backs on or afford to stick our heads in the sand on this issue. For the most part people don't talk about their HIV or AIDS status.

And as far as the media is concerned, the faces of HIV/AIDS are almost always men. Women and HIV/AIDS often go unnoticed. So it is refreshing to see this publication, a collection of plays about HIV/AIDS explored by women of color. It includes a selection from Sweet Potato Pie by the late Ntombi Howell. One of the editors, Imani Harrington is a longtime AIDS activist who has been living with HIV for over a decade. She is also the author of the plays "Love and Danger" and "Do You Have Time to Die."

www.auntlute.com

Seeking Enchantment: A Spiritual Journey of Healing from Oppression (Kasai River Press 2002) Earthlyn Marselean Manuel

The author begins with a day in September, 1963, not September 11, 2001 and describes it as the day her "sense of safety and freedom ended." Many of us, particularly of African descent remember that day, Addie Mae Collins, Carol Denise McNari, Cynthia Diane Wesley, and Carole Roberton were killed via bomb while at Sunday school in Birmingham, Alabama. Manuel was 11 years old when that happened and the book goes on to examine her personal suffering and oppression and then goes into her personal transformation. She uses her life experiences "... to illuminate a process of healing and transformation in the midst of oppression." And finally intends to " . . . stimulate new thought and to encourage others to consider the effects of oppression within their spiritual journeys."

www.earthlynmarseleanmanuel

The Great Wells of Democracy The Meaning of Race in American Life (BasicCivitas Books, A Member of the Perseus Books Group 2002) Manning Marable

Race matters. It's always been difficult to discuss especially as it impacts on our daily lives. Marable in this well written, documented, and indexed work, continues to talk about race. Divided into three parts: "The American Dilemma" "The Retreat From Equality" and "Reconstructing Racial Politics" It is both historical yet current as there is a discussion of "9/11: Racism in the Time of Terror" His conclusion is very pointed: "Racial peace will not and cannot be sustained without justice, but with justice, a new relationship and a democratic renewal of American society can occur." Amen.

Gumbo: An Anthology of African American Writing (Broadway Books A division of Bantam Doubleday Dell 2002) Edited by Marita Golden and E. Lynn Harris

More than fifty African American writers contributed to this literary feast. The overall themes explore family, personal history, love, and identity and are divided into categories: Family Tree, This I Know Is True, Love Jones, and Incognito. It's a literary who's who with contributions by Bertice Berry, Bebe Moore Campbell, Pearl Cleage, J. California Cooper, Eric Jerome Dickey, Jewelle Gomez, Terry McMillan, Walter Mosley and Gloria Naylor. All advances and royalties benefit The Hurston/Wright Foundation, an organization whose mission "is to develop, nurture and sustain the world community of writers of African descent." Take a big taste of Gumbo.

www.hurston-wright.org • *www.harlemmoon.com*

What's Money Got to do with It?: The Ultimate Guide On How To Make Love and Money Work In Your Relationship (MetaMedia Publishing 2002) Cheryl Broussard and Michael A. Burns

This book has a decidedly heterosexist bent but does also discuss the gender differences around money. There are also chapters "for women only." SGL and LGBT folks will still find the book's basic financial principles sound.

www.amazon.com

Soul Food is Cookin' at GMHC

**Need some "Food For Thought?"
How about a big helping of support?
It's all here at Soul Food!
Take a look at our menu:**

Sacred Space	FIRST THURSDAYS 6:30 – 9:00 P.M. A discussion group for those brothers interested in exploring their "spiritual side."
Discussion Groups	SECOND & FOURTH THURSDAYS 6:30 – 9:00 P.M. Our most popular "dish": frank and honest conversations about desire, pleasure, and more.
The Kitchen	THIRD THURSDAYS 6:30 – 9:00 P.M. Our combination platter: discussion and condom wrapping or envelope stuffing. No meal is completed without some work!
Soul Food Plus	THIRD FRIDAYS 7:00 – 9:00 P.M. Something a little "extra" special for HIV-positive brothers: discussions with your needs and desires in mind.
Loungin' in Giovanni's Room	EVERY WEDNESDAY 6:30 – 9:00 P.M. Now that you've had all that Soul Food, join us on the sofa as we share at the open mic with spoken word, poetry, and free expresson.

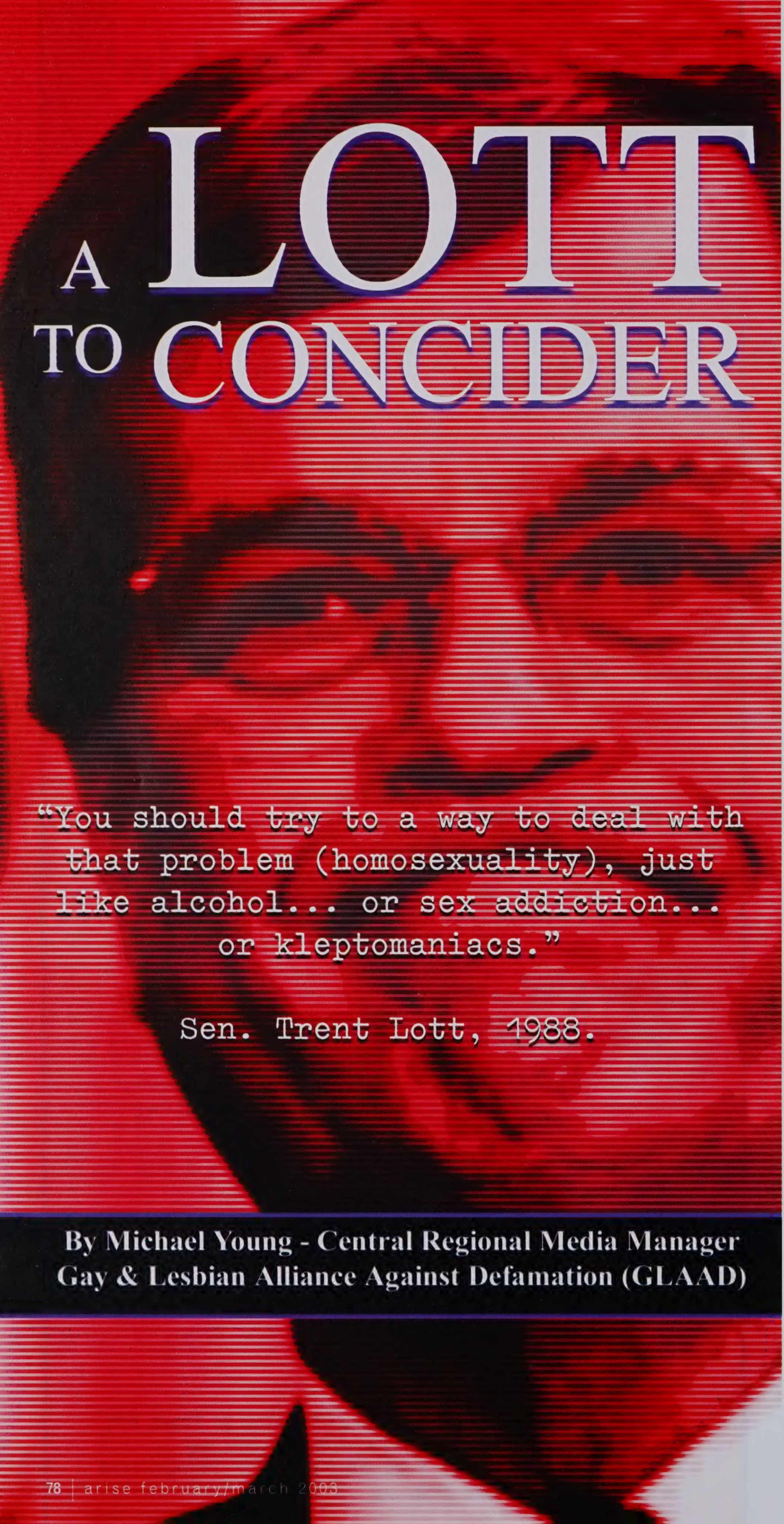
SOUL FOOD
BROTHERS HEALING BROTHERS

**Soul Food is more than a cuisine! It's a health and wellness promotion program for brothers who practice same-sex desire.
Come and be a part of "Brothers healing Brothers."**

GMHC
GAY MEN'S HEALTH CRISIS

The Tisch Building ▪ 119 West 24 Street, NYC
212/367-1372 ▪ soulfood@gmhc.org
Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org

© 2002 GMHC



A LOTT TO CONCIDER

"You should try to a way to deal with that problem (homosexuality), just like alcohol... or sex addiction... or kleptomaniacs."

Sen. Trent Lott, 1988.

By Michael Young - Central Regional Media Manager Gay & Lesbian Alliance Against Defamation (GLAAD)

When Trent Lott made these comments in 1998, I was appalled. An elected official in a position to influence decisions that would ultimately affect my life, the life of my partner and the lives of our friends showed incredible contempt for gay people.

My Southern Baptist family undoubtedly heard Lott's comments, and as accepting as they are, I feared they might secretly share some of his views. Looking back, I wish I had been more vocal about it. I wish I had talked to my family. But the fact is, I didn't. I thought my voice wouldn't make a difference.

Fortunately, even though I remained silent, many in our community reacted quickly and aggressively, showing that our collective voice does matter. Unfortunately, we are frequently put in the position of defending ourselves from the onslaught of anti-gay comments often hurled at us by elected officials or those allegedly interested in promoting "family values." We've become veritable experts at it. We are swift at- organizing vigils, protests, letter-writing campaigns- when a member of our community is defamed or discriminated against. Or are we?

While we are highly aware of the damaging effects of anti-gay epithets, we often lose sight of how racism directly affects our diverse community. We stand by and think, "How awful," but don't take action, possibly because we don't see it as "our issue." Well, it's time to see things differently.

Perhaps we are beginning to, but I would argue not quickly enough. Our community has not been as swift in responding to Lott's recent comments that if then-segregationist candidate Strom Thurmond had been elected president in 1948, "We wouldn't have had all these problems over all these years?" Instead of holding Lott immediately accountable for his statements, many of us have let it slide by, largely unnoticed, as if race has no effect on our community. As Lott has come out with different versions of what he claims is an apology, few of us have spoken out. Lott defines racism as one of "the discarded policies of the past." Clearly, he fails to understand that racism was not an idea that was simply "discarded" or that fell out of favor, rather it was -and continues to be - fought against. It's offensive and unacceptable for Lott to trivialize the struggles of African Americans.

Even President Bush condemned such remarks, saying Lott's comments "do not reflect the spirit of our country." Lott's statements of regret don't seem to be taking hold.

But it's not shocking that our community didn't react quickly to Lott's recent comments - although it should be. What is shocking is that the Family Research Council (FRC) was among the first to condemn his remarks. In a statement, FRC urged the Republican Party to "Ask themselves if they really want to continue to be represented by Trent Lott."

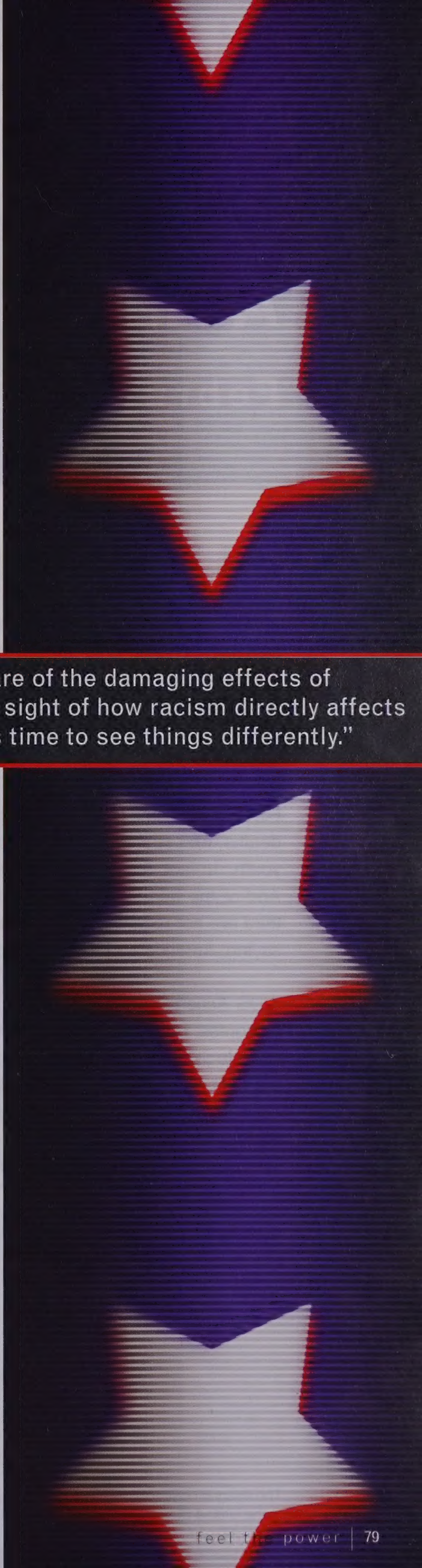
It may be tempting to commend FRC for taking this seemingly fair-minded stance. But we should probably hold our applause. The FRC has never really been all that concerned about civil rights for every American. The organization is more interested in dispelling the stereotype of straight, white, conservative men as racist, than with effecting any real social change. Where was an FRC statement of support for our civil rights in 1998 when Lott compared homosexuality to alcoholism and kleptomania?

As a community, we have to remind ourselves that racism and homophobia are indisputably linked. The reality is that racism, as homophobia, impacts our allies, friends, families and loved ones. The LGBT community does not exist in a vacuum. In order for our civil rights struggle to be successful, we need to be aware of all social issues and how they impact us.

> "While we are highly aware of the damaging effects of anti-gay epithets, we often lose sight of how racism directly affects our diverse community...it's time to see things differently."

We can hope that more people speaking up will spark the media to better cover these topics. It's important for us to look critically at how the media covers issues related to our community, including racism. Because the media plays a vital role in shaping our opinions, we need to be concerned if an issue is underreported or not reported fairly and accurately. Quick and insightful coverage of elected officials' unacceptable comments will lead to those officials being held accountable for their words.

I've learned to be more vocal now when I see injustice, even though sometimes it would be much easier, and certainly less risky, to remain silent. We fight for equality every day. It's a struggle that has been with us for decades, and it's something we will continue to fight for. It takes all of us -regardless of race, religion, sexual orientation, and gender identity or class - to realize that if something affects one of us, it affects us all.



A National Call To Action

February 2003

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over

AIDS **ACTION**

**1906 Sunderland Place, NW
Washington, DC 20036
202.530.8030 p
202.530.8031 f
www.aidsaction.org**

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

SUBSCRIBE NOW!

12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE

ARISE

FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE

FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE

FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE

EMPOWERED by Our Past

By Clarence J. Fluker

Sitting in the stands of Banneker Field on the campus of Howard University on a hot Sunday afternoon preparing myself to close out the annual Black Pride Weekend in 1999, I had an epiphany and my life hasn't been the same since. That May day was the first time that I had ever seen or heard of a remarkable woman from the Midwest, Ruth Ellis. Ruth Ellis was born in July of 1899 and until her transition in 2000 was considered by large numbers of the community as the oldest out African American lesbian.

While attending Black Pride celebrations in the past had offered me the knowledge that I was not alone, because there are so many other same gender loving Black men and women, my introduction to the life of Ellis showed me something just as, if not more important, and that is that not only are we, same gender loving Black men and women, here, but we have been here for years and will be here forever.

For me that was an epiphany because I had never thought about those who had come before me and I was certainly never knowingly taught about their lives, stories and contributions in any formal setting. My introduction to the life of Ellis was empowering to me because what she symbolized to me was history. I saw her and suddenly, I had history. History itself is important for three major reasons. First, it serves as an explanation of development, secondly it provides an indication of what may happen in the future and, finally it also serves as a source of pride.

A firm grasps of accurate facts and knowledge of how our community has created itself and evolved to where it is today is critical to understanding such things as our shared customs, traditions, language, values, socialization processes and dynamics of the relationships of all those that make up our shared community.

It is the explanation of our development as a culture that must then be examined as it sheds light on and can act as an indicator of what will happen in the future. Learning from past patterns of events where we may be headed and coming together as a community to decide that we may or may not want to go there is a step that must be willfully taken. An entire generation ravaged by the devastating effects of HIV/AIDS, the rise and fall of the only national Black gay and lesbian activist organization, the continual cycle of male domination and visibility have all been a part of our community's history. One must ask what contributed to this collection of events and thought and how can we avoid repeating the same mistakes.

Moreover, the pride associated with knowing that same gender loving Black people have made such a multitude of contributions to every field of endeavor allows young people like myself the opportunity to no longer be fearful of our dreams or the pursuit of them because if others have accomplished theirs, certainly so can we.

Being introduced to the life of Ruth Ellis acted as a catalyst for me to learn more about my same gender loving elders of African decent. It was the start to an empowering journey for me that has not yet ended, and I don't think ever will.

I began actively seeking more information on prominent and not so well known same gender loving people of African descent and found so many others who were successful in the arenas that I wished to conquer some day. At that time I knew I had a passion to do social justice work but was apprehensive about the role that I would be able to play as an out gay Black male. I then learned about Bayard Rustin and my apprehension transformed into awareness that then turned into social action.

Rustin was a lifelong warrior for social and economic justice, though he did not always hold the most popular beliefs of the majority. Throughout his life he fought on the forefront on the movement for human rights. Most notable was his role in planning the 1963 March on Washington, one of the most significant protests ever held in the United States. The protest exemplified the meaning of the citizen's right to exercise free speech and to peaceably assemble, and to petition the Government for a redress of grievances. It set the standard for all future marches by political and social movements for decades to come.

Although he had many critics and consistently people tried to silence his voice, his commitment to human rights and desire to create a better society allowed him to keep moving forward with his vision for change.

Learning about the life and history of Bayard Rustin made me aware of some of the roadblocks that I may also face as a young man who wanted to get involved in the social justice movement — but more importantly it taught me that I too could make a difference. His story gave me a sense of pride, which now acts as a foundation that I may stand upon every time I decide to stand up for a cause.

As a community we must support the developing work of people like author, activist and archivist, Steven G. Fullwood of New York City who founded the Black Gay and Lesbian Archives to preserve our rich history. The archives, still being developed, will be available to the general public in 2005. We must also continue to support the efforts of Blackstripe.com to bare witness on the World Wide Web. Since the early 90's it has been a leading online resource for information for and about same gender loving people of color, particularly known for its "Blacklist", a listing of notable same gender loving people of African descent. We must preserve our legacy.

Ruth Ellis, Bayard Rustin, Audre Lorde, Paris Barclay, Barbara Jordan, Barbara Smith, Essex Hemphill and countless others, because they did and still do, I know that I can.

Got Milk?
good
wear a
condom
pocc
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org *718-230-0770

GREG McNEAL
PHOTOGRAPHY

inspiring a generation of new photographers

THE LOST LEGENDS SERIES
TITLED: GUARDIAN

IMPRESSIONS OF SOMETHING TO COME
JULY 2003

GREG McNEAL PHOTOGRAPHY • POST OFFICE BOX 75900 • LOS ANGELES, CALIFORNIA 90075 • PHONE 213-381-2665

America's Cruise Specialists

CRUISES INC.®

for information contact:
Joseph Robinson

toll free number 1-866-423-7546
phone 1-209-957-7636

www.CruisesInc.com/jrobinson

www.familycruises.com/jrobinson

ART

APPAREL

"CLASSIC CITY STYLE"

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

ACCESSORIES

designed by Nuwävo for Arise Communications

DSM
DEEP SOLE MEN

530 Grand Avenue, Oakland, CA 94610
Telephone (510) 835-SOLE Fax (510) 835-3760
Web: www.deepsole.com Email: info@deepsole.com

SETTING A STEADY COURSE IN TURBULENT TIMES

DENISE L. LIGGETT

"IT WAS THE BEST OF TIMES, IT WAS THE WORST OF TIMES." THE OPENING LINE FROM DICKENS' A TALE OF TWO CITIES COULD JUST AS EASILY DESCRIBE THE LAST FEW YEARS IN THE FINANCIAL MARKETS. SINCE THE LAST BULL MARKET REACHED ITS PEAK IN MARCH 2000, THE STOCK MARKET HAS BOUNCED AROUND IN RESPONSE TO WORLD EVENTS, RECESSION, ENRON AND OTHER FINANCIAL SCANDALS. ON THE POSITIVE SIDE, THE 2001 TAX LAW CHANGES HAVE MADE IT EASIER FOR MOST PEOPLE TO SAVE MORE FOR COLLEGE AND RETIREMENT AND TO PASS ALONG THEIR WEALTH TO THEIR HEIRS.

WITH ALL THE UPS AND DOWNS LATELY, MANY PEOPLE ARE ASKING HOW THEY CAN SAFEGUARD THEIR FINANCIAL WELL-BEING THROUGH GOOD TIMES AND BAD. THERE ARE FOUR BASIC STEPS YOU CAN TAKE.

1. PLAN

To secure your financial future, you have to know first where you're going. For example, if you're investing for retirement, you need to determine when you want to retire, how much you will need to live on in retirement, how much time your investments have to grow, and how much you can afford to save each year. Once you've answered these questions, you or your financial advisor can develop the investment strategy that will help take you where you want to go. For each element of your financial future, you will need to plan. Your financial plan incorporates many elements, including investments, savings, insurance, and estate planning.

2. PREPARE

Make sure that all your emergency needs are covered—including insuring the security of your family's future and saving enough in a rainy day fund to tide you over during an unexpected run of bad luck. Once your emergency needs are covered, look at your investment portfolio and ask yourself, "what's the worst that can happen?" If you don't like the answer, you may want to re-think your investment strategy.

3. DIVERSIFY

When the stock market was climbing to dizzying heights, there were people who thought it could never go down. They invested only in stocks, usually the most speculative kind. Or, as some Enron shareholders discovered too late, some people were overloaded on one company's stock.

Even if you're an aggressive investor, it's never a good idea to put all your eggs in one basket. Those who most successfully weathered the high tech bust were those who had a variety of investments—some fixed income securities along with a diversified stock portfolio that included small and large cap, growth and value sectors. Asset allocation—the process of deciding which stock and bond sectors you want in your portfolio and what percentage of each—is important for two reasons. First, by spreading your bets among different types of stocks and bonds you are more likely to protect your assets on the downside—that is, when the market is falling. Second, since no one can predict what next year's winners will be, having a piece of many types of securities makes it more likely that you will pick some winners. Your own asset allocation will depend on your age, your investment goals, your tolerance for risk and other variables.

4. RE-EVALUATE

The most appropriate financial plans and asset allocations will only serve you for so long. Life circumstances change: children and grandchildren are born and grow up; your earning power increases; you get closer to retirement; you inherit money, and so forth. As your life changes, you'll need to re-evaluate your financial plan to make sure it still meets your changing situation and goals.

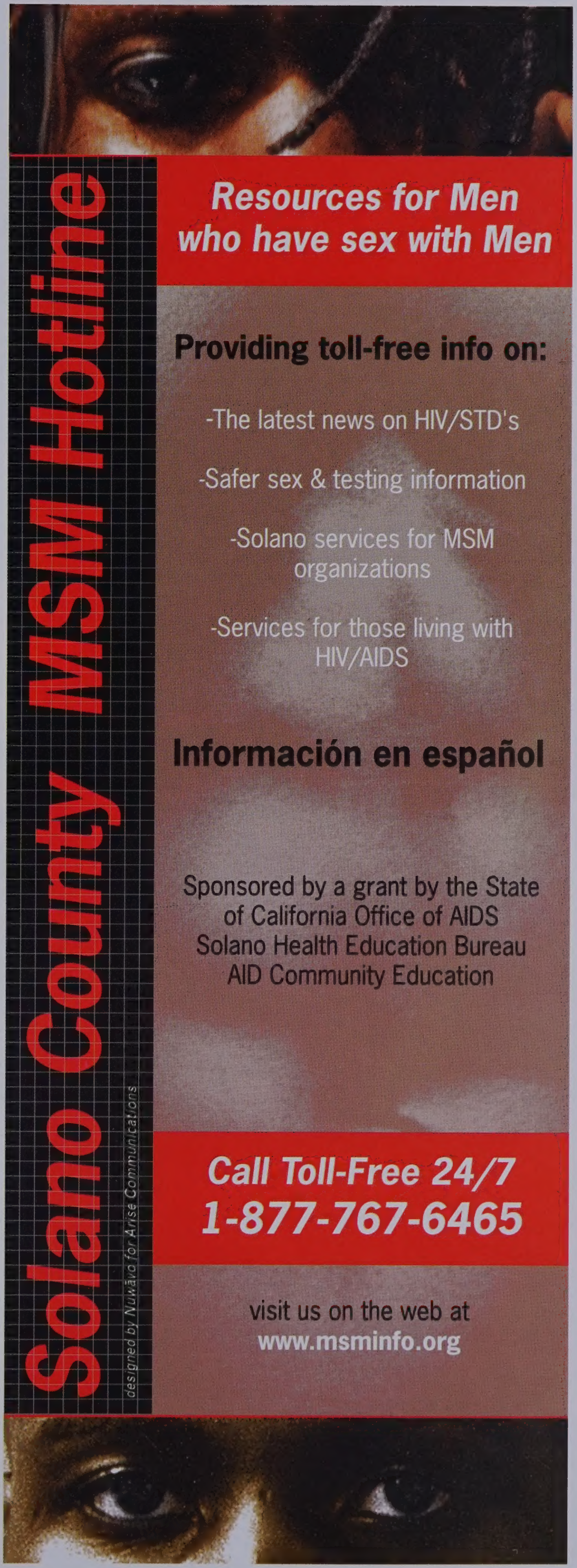
You also need to periodically rebalance your portfolio. As the market goes up and down, your portfolio's allocation will change—a run-up in small cap value stocks, for example, will increase the percentage you own in that sector, putting your portfolio out of balance. When you rebalance, you sell some of your winning sectors and buy more of the sectors that have not yet performed as well—thus conforming to the classic investment advice of "buy low, sell high." Rebalancing can help prevent your portfolio from taking on more risk than you had originally intended—and help you avoid possible losses when a formerly hot sector starts declining.

It may sound like a lot of work, but safeguarding your portfolio should be no different than safeguarding your car. Scheduling an annual meeting with your financial advisor should be as routine as taking in your car for an inspection. And by taking precautions beforehand, you will be in a better position to weather the good times and the bad times.

Denise L. Liggett 202-277-5835
Investment Advisory Representative of AXA Advisors, LLC
(member NASD, SIPC).

3141 Fairview Park Dr #250 Falls Church, VA 22042
Insurance agent of AXA Network, LLC, an insurance brokerage affiliate, offering life insurance and annuities of The Equitable Life Assurance Society of the United States (New York, NY), an affiliated insurance company, and the insurance products of over 100 unaffiliated companies.

This individual is an Investment Advisory Representative in MD, VA, DC, and NJ and is licensed to sell insurance products, and is registered to offer securities in these states.



Solano County MSM Hotline

designed by Nuwava for Arise Communications

Resources for Men who have sex with Men

Providing toll-free info on:

-The latest news on HIV/STD's

-Safer sex & testing information

-Solano services for MSM organizations

-Services for those living with HIV/AIDS

Información en español

Sponsored by a grant by the State of California Office of AIDS
Solano Health Education Bureau
AID Community Education

Call Toll-Free 24/7
1-877-767-6465

visit us on the web at
www.msminfo.org

STILL TOGETHER
15 YEARS
AT THE BEACH

SAVE THE DATE
JULY 3-6, 2003

ESCAPE TO PARADISE

Thursday, July 3, 2003, Noon to 5 p.m.

To be Empowered

"Empowerment" is the theme for the Third Annual Dialogue Conference Series. We will discuss and strategize on ideas to strengthen ourselves and the community in an open and free space. It's paradise!

Friday, July 4, 2003, Noon to 5 p.m.

Empowerment II

Words are mere words without action! Let's return to our communities with a renewed sense of pride to make a positive difference by implementing the ideas, strategies and ideas and goals we have developed.

Friday, July 4. 2003, 6 p.m. to 10 p.m.

Evening in Paradise

The Opening Reception and Dinner Banquet will reflect 15 years in the making of "At The Beach Shorey Inc. L. A. Black Pride with a feast fit for kings and queens!

Saturday, July 5, 2003, 7 a.m. to dusk

Barefoot in Paradise

Escape to the renowned Malibu Beach Party where you will meet, greet and play with same gender loving people from all around the world! Games, contests, feasting and shopping for that special treasure in paradise. A day of fun!

Saturday, July 5, 2003, 10 p.m. to 3 a.m.

Escape to Paradise

The At The Beach Official After Party will be held at a new location, with live entertainment, dancing, drink specials and 5,000 of the hottest bodies you have ever laid eyes on from the world over! If you miss the Beach Party, don't dare miss this event!

Sunday, July 6, 2003, 11 a.m. to 7 p.m.

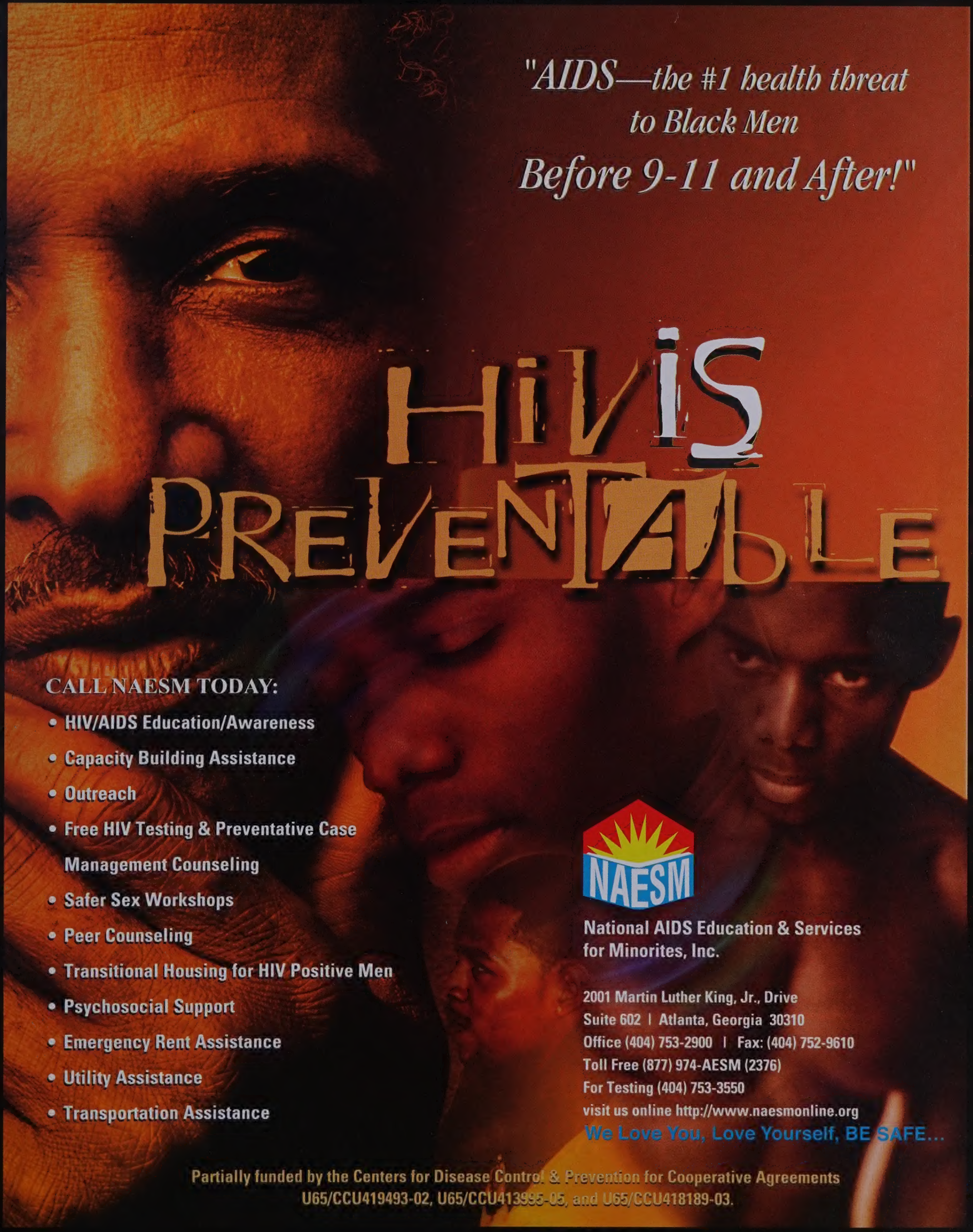
Peace in Paradise

Let's start the day with prayer, continue with a barbecue, then a book signing and art exhibit where you can meet the most talented authors and artists in the community!

WESTIN AIRPORT HOTEL

ASK FOR ATB RATE
800-228-3000 OR 310-216-5858

AT THE BEACH SHOREY INC.
4745 W. SLAUSON AVE.
LOS ANGELES, CA 90056
323-293-4ATB, 323-291-2888 FAX
WWW.ATBLA.COM, ATBLA@AOL.COM



"AIDS—the #1 health threat
to Black Men
Before 9-11 and After!"

HIV IS PREVENTABLE

CALL NAESM TODAY:

- HIV/AIDS Education/Awareness
- Capacity Building Assistance
- Outreach
- Free HIV Testing & Preventative Case Management Counseling
- Safer Sex Workshops
- Peer Counseling
- Transitional Housing for HIV Positive Men
- Psychosocial Support
- Emergency Rent Assistance
- Utility Assistance
- Transportation Assistance

NAESM

National AIDS Education & Services for Minorites, Inc.

2001 Martin Luther King, Jr., Drive
Suite 602 | Atlanta, Georgia 30310
Office (404) 753-2900 | Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
visit us online http://www.naesmonline.org

We Love You, Love Yourself, BE SAFE...

Partially funded by the Centers for Disease Control & Prevention for Cooperative Agreements U65/CCU419493-02, U65/CCU413995-05, and U65/CCU418189-03.

Into Living

Us Helping Us
(202) 546-8200

US HELPING US Inc.

Vaccinations

By Dr. David Malebranche

When asking patients if they want vaccinations for certain diseases, I often get a wide variety of reactions: Some people keep up with all the vaccinations they need every year; some are afraid that a vaccination will give them the very disease they are trying to avoid; and others are scared of needles, so they avoid vaccinations altogether.

Most of us fall somewhere in these various categories of people. No matter what your viewpoint on vaccinations is, make sure you are at least knowledgeable about the various diseases you may be at risk for, and gather true information regarding the pros and cons of receiving vaccines to prevent these diseases.

Vaccinations are used to protect against certain diseases. A vaccine is a substance that uses a small amount of the organism (or its products) that causes the disease. When you get a vaccination, you are injected with the vaccine for a certain disease – your body's immune system is fooled into thinking that you have been infected with the disease, and it creates proteins (antibodies) that will help you fight off the infection if you come in contact with the disease later. Some vaccinations involve getting just one shot, while others involve a series of shots.

For men, here are the vaccinations you need to be aware of:

1. Tetanus-Diphtheria (Td)

This vaccination protects you from two bacteria – Claustridium Tetani, which is found in dirt and can cause wound infections and you need when you suffer a cut, animal bite or gunshot wound; Coryneebacterium Diptheriae, which can cause an infection of the throat. If you've never been vaccinated for this, you will need 3 doses – the first two 4 weeks apart, and the 3rd dose 6-12 months later. To keep up to date, you will need to get a booster shot every 10 years. Recommended for everyone.

2. Influenza (The FLU)

This is the basic flu shot that can protect you against the influenza virus, and has to be updated every year as the virus changes its type. Very important to protect those over 50 years old, or those with medical conditions such as HIV, heart and lung conditions, diabetes, kidney failure, and health care workers. But it is available to anyone who wishes to be vaccinated, and is only a one time shot administered between late October and March.

3. Pneumococcal (Pneumonia)

Protects against the bacteria Pneumococcus, which can cause pneumonia, meningitis (infection of the membrane of the brain and spinal cord) and blood infections (sepsis). Recommended for all people over 65 years old and those younger than 65 with medical conditions like: chronic liver or kidney disease, lung or heart disease, HIV, diabetes or a damaged or missing spleen. Some medical conditions require repeat vaccinations every 5 years.

4. Hepatitis A

Protects against the Hepatitis A virus, which can infect the liver through dirty water and oral-anal sexual contact. This vaccination requires getting two shots, each one six months apart. Recommended for anyone engaging in anal sex, injection drug users, those with chronic liver disease, health care workers or those traveling to certain foreign countries.

5. Hepatitis B

Protects against the Hepatitis B virus, which can infect the liver through unprotected sexual contact, blood transfusions and injection drug use. Requires a series of three shots at 0, 1 and 7 months. Recommended for health care workers, sexually active people with multiple partners, injection drug users, international travelers and inmates of correctional facilities.

6. Measles, Mumps, Rubella (MMR)

This vaccination protects you against 3 different childhood viruses, and is usually given at a young age. Men born before 1957 can be considered immune to these illnesses. Health care workers, college students and international travelers who were not vaccinated as children are candidates.

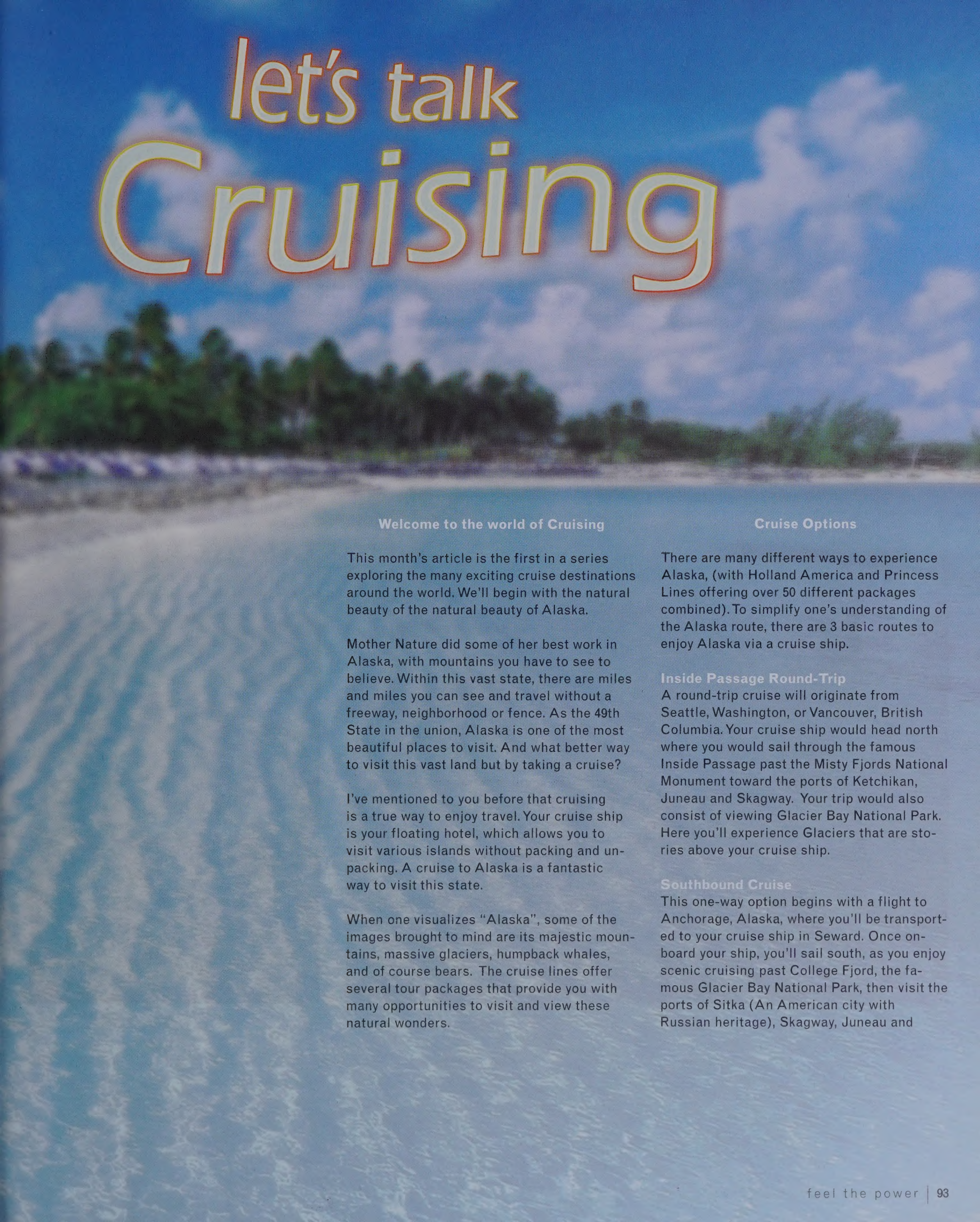
7. Varicella (Chicken Pox)

Protects against the virus that causes chicken pox. If you had chicken pox or received the vaccine as a child, you do not need this vaccination as an adult. Otherwise, it is recommended for most individuals, but is NOT recommended for people with immune system deficiencies, particularly HIV. Requires getting two shots, 4 weeks apart.

These are the major vaccinations that adult men should be aware of and obtain if recommended. Some college students may also be candidates for a vaccine for the Meningicoccus, which can protect against a bacterium that can causes meningitis. Many local departments of health and hospitals will offer these vaccinations, sometimes free of charge, and even health maintenance organizations (HMOs) will cover costs for vaccinations as preventive services to patients.

There are often rumors about the dangers of vaccines for causing illness, but the truth is that serious side effects to the vaccinations are very rare. Potential side effects from vaccinations are pain at the injection site, redness, mild fever and local muscle or joint aches. When you weigh these against how sick you may feel from catching the flu, pneumonia, or hepatitis, your decision to get vaccinated should be easy.

As with any biomedical advance, educate yourselves about what vaccines are and if you feel comfortable getting the recommended vaccinations. You can find more detailed information on the Center for Diseases Control and Prevention website, www.cdc.gov, or WEBMD at www.webmd.com. Modern science has allowed us to eradicate diseases like smallpox and polio in the United States through vaccinations. We currently use vaccinations for anthrax and smallpox to protect us against potential bioterrorist attacks, and the future holds promise for vaccines for human papilloma virus (the virus that causes genital warts) and HIV. Discern the facts from rumors and urban myths, and take advantage of the opportunities to prevent disease that God has given us.



let's talk Cruising

Welcome to the world of Cruising

This month's article is the first in a series exploring the many exciting cruise destinations around the world. We'll begin with the natural beauty of the natural beauty of Alaska.

Mother Nature did some of her best work in Alaska, with mountains you have to see to believe. Within this vast state, there are miles and miles you can see and travel without a freeway, neighborhood or fence. As the 49th State in the union, Alaska is one of the most beautiful places to visit. And what better way to visit this vast land but by taking a cruise?

I've mentioned to you before that cruising is a true way to enjoy travel. Your cruise ship is your floating hotel, which allows you to visit various islands without packing and unpacking. A cruise to Alaska is a fantastic way to visit this state.

When one visualizes "Alaska", some of the images brought to mind are its majestic mountains, massive glaciers, humpback whales, and of course bears. The cruise lines offer several tour packages that provide you with many opportunities to visit and view these natural wonders.

Cruise Options

There are many different ways to experience Alaska, (with Holland America and Princess Lines offering over 50 different packages combined). To simplify one's understanding of the Alaska route, there are 3 basic routes to enjoy Alaska via a cruise ship.

Inside Passage Round-Trip
A round-trip cruise will originate from Seattle, Washington, or Vancouver, British Columbia. Your cruise ship would head north where you would sail through the famous Inside Passage past the Misty Fjords National Monument toward the ports of Ketchikan, Juneau and Skagway. Your trip would also consist of viewing Glacier Bay National Park. Here you'll experience Glaciers that are stories above your cruise ship.

Southbound Cruise
This one-way option begins with a flight to Anchorage, Alaska, where you'll be transported to your cruise ship in Seward. Once onboard your ship, you'll sail south, as you enjoy scenic cruising past College Fjord, the famous Glacier Bay National Park, then visit the ports of Sitka (An American city with Russian heritage), Skagway, Juneau and

Ketchikan. You'll finally cruise through the Inside Passage on to Vancouver.

Northbound Cruise

This one-way route is the exact opposite of the Southbound Cruise; you'll begin your cruise in Vancouver and sail north to Seward/Anchorage, Alaska.

Cruise/Land Combinations

In addition to the itineraries above, and depending on the cruise line you choose for your vacation, there are a large variety of cruise/land combinations packages offered. These packages — also known as cruise tours — afford you the opportunity to experience some land exploration in addition to your cruise. The land portion of your package includes overnight hotel accommodations.

One such extremely popular cruise tour is a trip to Denali State National Park. The park's only entrance is 230 miles north of Anchorage and 120 miles south of Fairbanks. Here you can reach the park entrance via a deluxe motor coach originating from one the cities above in Alaska, or you can get there via railroad. The cruise lines also offer another unique touring experience — a luxurious dome car! Each passenger has his or her own domed car seat on a unique, beautifully appointed train car that resembles a lounge. The advantages of taking the train to Denali is that it's a historic, unspoiled route through beautiful countryside, where you get a good chance to see moose and caribou. Once inside Denali Park, your can take a bus tour which affords you an up close view of Dall sheep, moose, grizzly bear. But most visitors will focus on Mount McKinley. At 20,320 feet, it is the tallest mountain in North America. And for the extremely adventurous, there is always the day hiking and backpacking.

Alaska Travel Dates

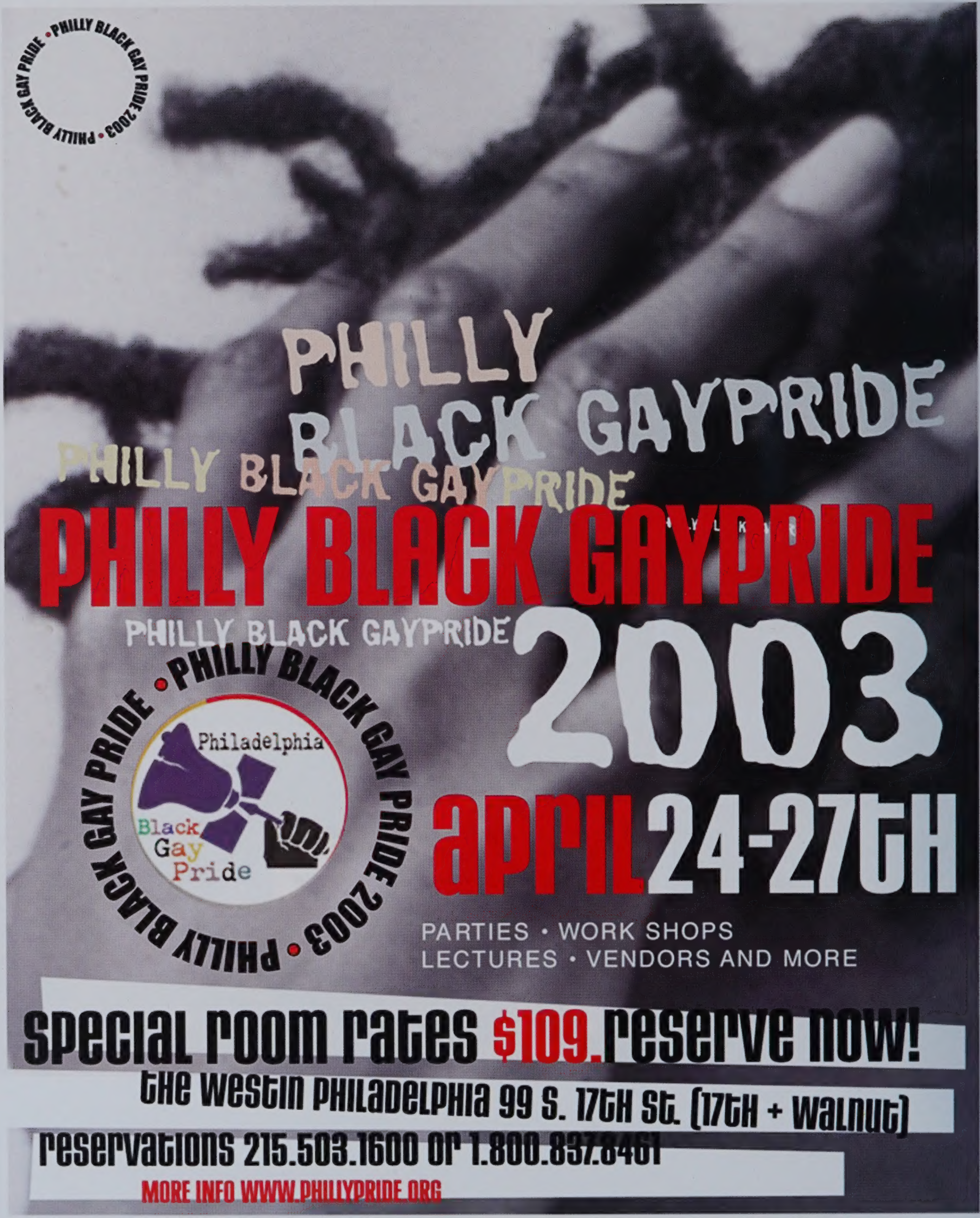
The “Alaska Season” is generally from mid-May to mid-September. With its proximity to the Artic circle, daylight hours are typically longer than normal. A visitor to Fairbanks Alaska around June 21st can expect to experience almost 21 hours of daylight.

While Alaska might not have the appeal of being on a sun-drenched beach during the summer, it is phenomenal as an educational experience and can be enjoyed by all ages.

For those who are eager to explore this vast territory in person, you may:

Visit my web site:
www.cruisesinc.com/jrobinson.
E-mail me at jrobinson@cruisesinc.com or
Telephone me Toll free @ 1-866-423-7546.

Make that contact TODAY, so that I may begin to plan your cruise vacation.



• PHILLY BLACK GAY PRIDE 2003 • PHILLY BLACK GAY PRIDE

PHILLY
BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

2003

• PHILLY BLACK GAY PRIDE 2003 • PHILLY BLACK GAY PRIDE

Philadelphia
Black
Gay
Pride

april 24-27th

PARTIES • WORK SHOPS
LECTURES • VENDORS AND MORE

special room rates $109. reserve now!

the westin philadelphia 99 s. 17th st. (17th + walnut)

reservations 215.503.1600 or 1.800.837.8461

MORE INFO WWW.PHILLYPRIDE.ORG

Black Solutions v2.0

OVER 20 YEARS LATER

Sponsored by:
The East Bay Center for Philanthropy
The Alameda County Health and Human Services Commission
Clubrimshot.com

WHY DO BLACK MALES STILL HAVE THE HIGHEST RATES OF HIV?

We asked 150 Black males!

Findings from the 'Critical Thinking and Cultural Affirmation (CTCA)' HIV/AIDS Study, will be presented by chief strategist and principal investigator Cleo Manago, CEO and Founder of the AmASSI Center of Los Angeles.

Discover why Black males were willing to get HIV, willing to spread it, and how AmASSI's innovative CTCA strategy successfully promoted positive behavior change, personal and community responsibility, and a reported decrease in un-safe sexual practices

The Bay Area Black Men's Health Collective (BMHC)
will present the CTCA Study at the James Irvine Foundation
Conference Center Plaza, Room A & B
Wednesday, February 12, 2003 - 9:00 a.m. to 12:00 p.m.
at 353 Frank H. Ogawa Plaza in Oakland, California

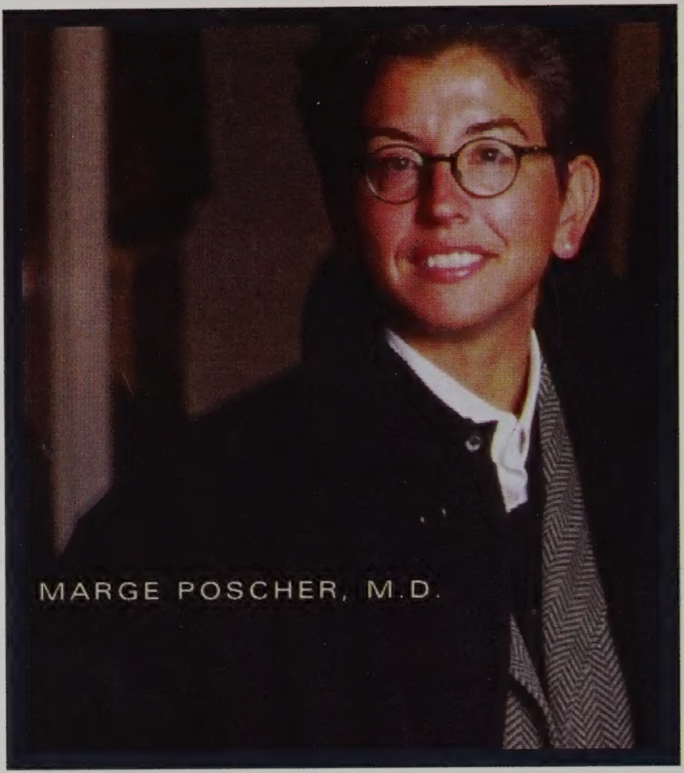
**Black Men's
Health Collective
(BMHC)**
4900 Shattuck Ave.
P.O. Box 3355
Oakland, CA 94609-9991
1.800.STOP.HIV

BMHC is a project of the African, American, Advocacy, Support-Services & Survial Institute, Inc. - North Project

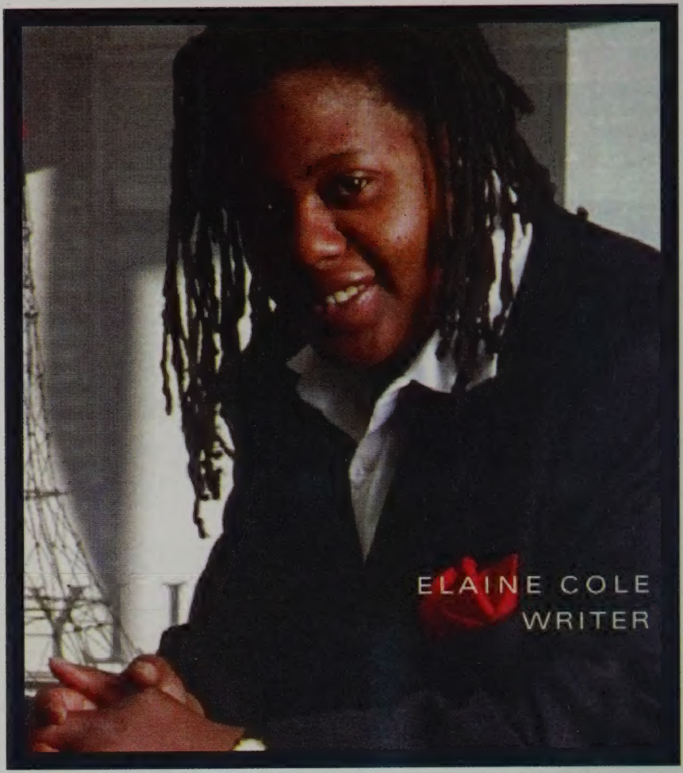
HIV AND AIDS ARE PREVENTABLE

Critical Thinking and Cultural Affirmation (CTCA)

Cleo Manago, CEO and Founder of AmASSI, Chief CTCA Strategist and Investigator - cleo@amassi.com

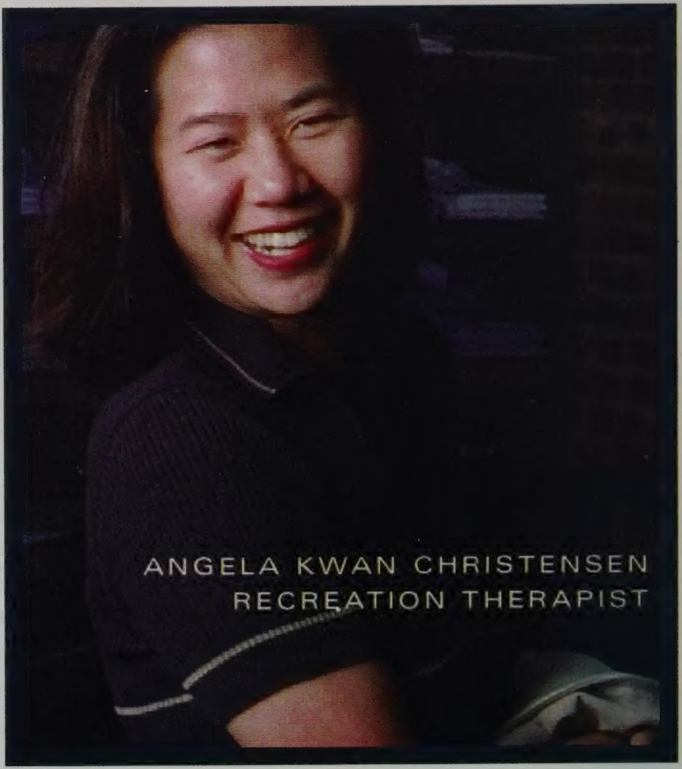


MARGE POSCHER, M.D.



ELAINE COLE
WRITER

TAMARA DINSMORE
ASSOCIATE PARTNER, SOM



ANGELA KWAN CHRISTENSEN
RECREATION THERAPIST

The men's store GQ has called "hip, discerning, distinctive..." is also the secret of some women.

BILLYBLUE
SAN FRANCISCO

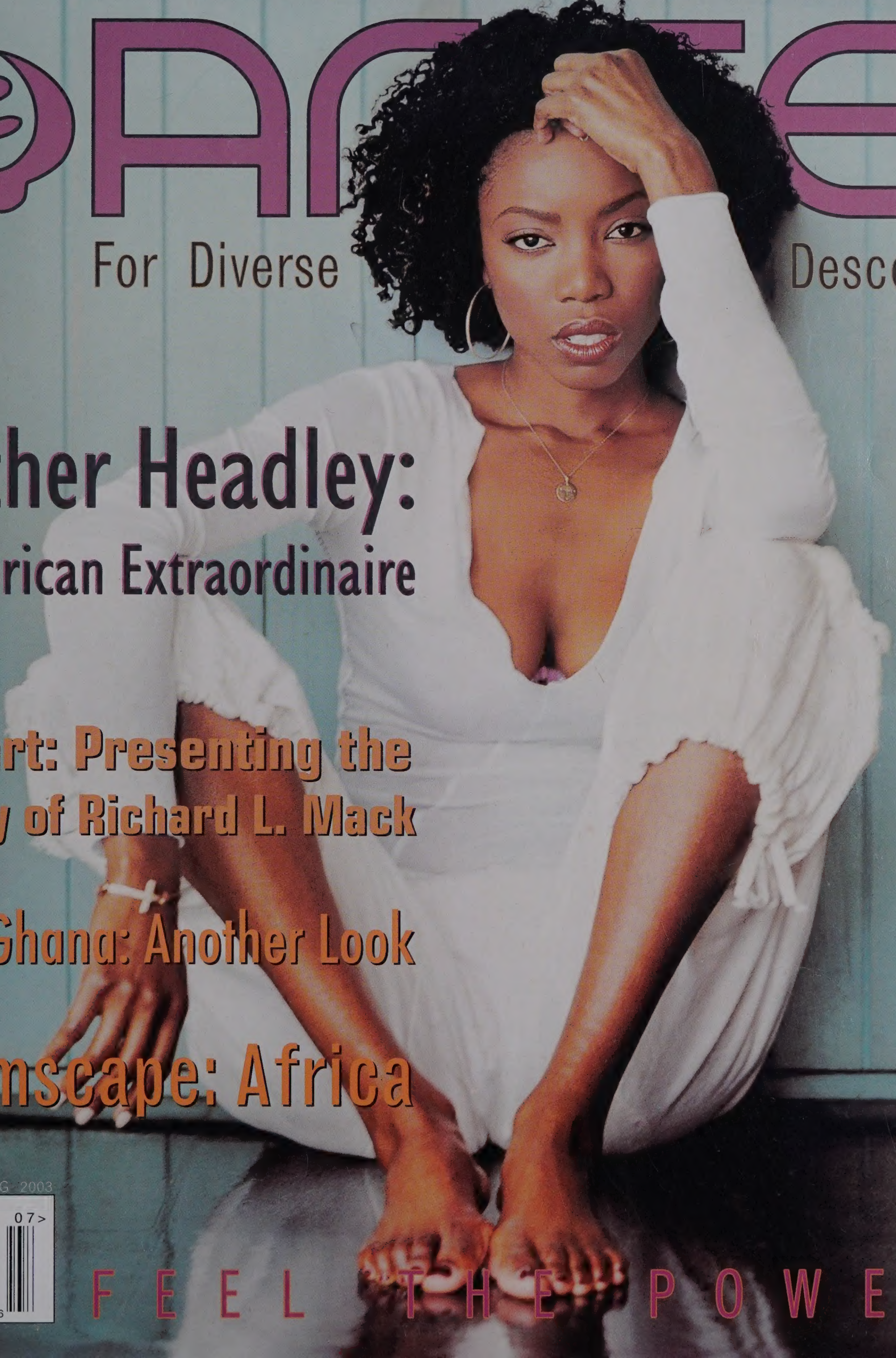
Contact: Billy Bragman
54 Geary at Grant, Union Square
San Francisco, CA 94108

800 772-BLUE (2583)
billy@billyblue.com
www.billyblue.com

Photography: Chad Christensen; May Britt Boe; Eric Klaus Fischer

ART STYLE TRAVEL ENTERTAINMENT PEOPLE

For Diverse Descent



Heather Headley:

Trinimerican Extraordinaire

Bingaart: Presenting the Artistry of Richard L. Mack

HIV In Ghana: Another Look

Dreamscape: Africa

Vol.3 No.6 JUL-AUG 2003

$4.00 US/CAN
07>
0 74470 99392 6

FEEL THE POWER

Face the music

Your Internet service should be as **fabulous** as you are

EarthLink connects to your world with a **Rare Mix** of award-winning Internet service that gets you online faster with greater reliability, unique subscriber benefits like our exclusive Pop-Up Blocker℠, and more local access numbers than any other ISP; *plus*, support for the causes you care about.

TRY EARTHLINK INTERNET SERVICE FOR 45 DAYS FREE*

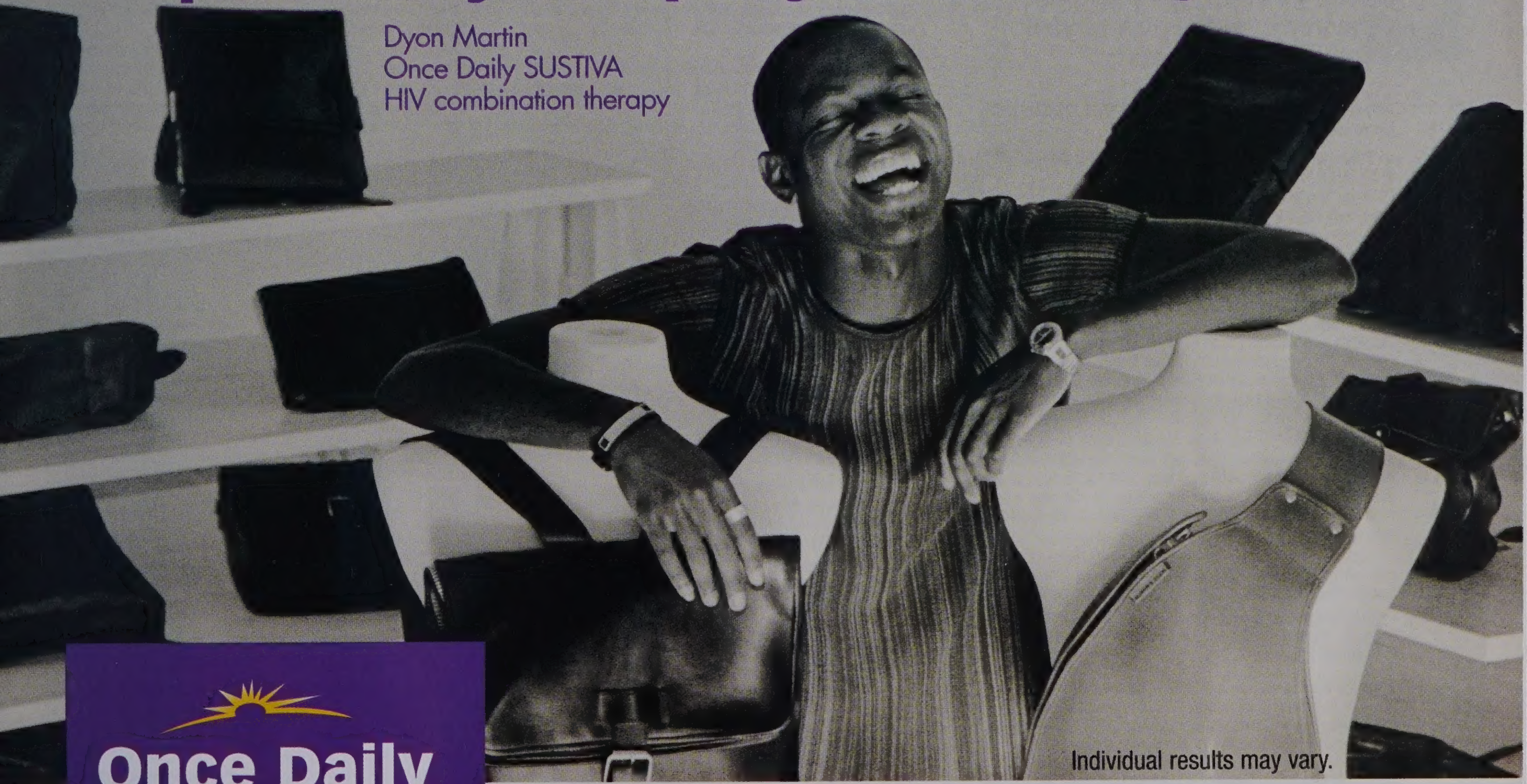
call toll free 1-888-638-2663 and mention code: 16439

Why Wait? ***Move to EarthLink.***™

EarthLink is a proud sponsor of community organizations including Human Rights Campaign, San Francisco Pridefest, GLAAD, Outfest LA, the National Lesbian and Gay Journalists Association, and National AIDS Walk events. EarthLink is committed to maintaining a work environment that respects individual differences. We do not discriminate on the basis of sexual orientation and we offer domestic partner benefits.

*This offer is good for new subscribers only. This offer cannot be redeemed in conjunction with any other offer. This offer is for Dial-Up Internet access only. Valid with major credit card orders only. First 45 days of service are free. Regular price of $21.95 per month applies thereafter. Service not available in all areas. Access fees, taxes and other restrictions may apply. © 2003 EarthLink, Inc. EarthLink and the EarthLink logo are registered trademarks of EarthLink, Inc. Trademarks are property of their respective owners. All rights reserved.

"I started Sustiva in '98. I opened my company later that year."



Dyon Martin
Once Daily SUSTIVA
HIV combination therapy

Individual results may vary.

Once Daily SUSTIVA

- PROVEN TO KEEP VIRAL LEVELS UNDETECTABLE FOR A LONG TIME IN COMBINATION THERAPY[1]*
- HELPS REBUILD YOUR NATURAL IMMUNE SYSTEM[1] –RAISES T-CELL COUNT
- GENERALLY WELL TOLERATED WITH ESTABLISHED SAFETY PROFILE
- #1 PRESCRIBED MEDICATION OF ITS KIND[†]

*Up to 144 weeks.

[†] Based on IMS Retail and Mail Order Perspective for the non-nucleoside reverse transcriptase inhibitor class. October 1998–April 2003.

Helping you control HIV today. Helping you look forward to tomorrow.

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

Safety Information: Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. One of the most common side effects is rash which is usually mild and goes away in a few weeks. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam), or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Changes in body fat have been seen in some patients taking antiretroviral therapy. The cause and long-term effects are not known at this time.

SUSTIVA does not cure HIV or prevent passing HIV to others.

It is recommended that SUSTIVA be taken on an empty stomach, preferably at bedtime. The increased efavirenz concentrations observed following administration of SUSTIVA with food may lead to an increase in frequency of adverse events. Dosing at bedtime may improve the tolerability of nervous system symptoms.

Visit www.sustiva.com

ONE Tablet
Once Daily
SUSTIVA®
(efavirenz)

BMS Virology™
Bristol-Myers Squibb Company

SUSTIVA and the SUNBURST LOGO are registered trademarks of Bristol-Myers Squibb Pharma Company.
© 2003, Bristol-Myers Squibb Company, Princeton, NJ 08543 U.S.A.

Please see reference and important information about SUSTIVA on the next page.

Ask your doctor if Once Daily SUSTIVA is right for you.

℞ ONLY

PATIENT INFORMATION

SUSTIVA® (sus-TEE-vah) **[efavirenz** (eh-FAH-vih-rehnz)**]** **capsules and tablets**

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section "**MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA.**"

Read this information before you start taking SUSTIVA (efavirenz). Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?

Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?

General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA (efavirenz) with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and nonprescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you

- **have problems with your liver or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**
- **have ever had seizures or are taking medicine for seizures** [for example, Dilantin® (phenytoin), Tegretol® (carbamazepine), or phenobarbital]. Your doctor may want to check drug levels in your blood from time to time.

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA (efavirenz). For this reason, **it is very important to:**

- let all your doctors and pharmacists know that you take SUSTIVA.
- tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and nonprescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA (efavirenz):

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

* SUSTIVA® is a registered trademark of Bristol-Myers Squibb Pharma Company.

Distributed by: BMS Virology™
Bristol-Myers Squibb Company
Princeton, NJ 08543
U.S.A.

Dilantin® is a registered trademark of Parke-Davis, Division of Warner Lambert Co.

Tegretol® is a registered trademark of Novartis Pharmaceuticals Corporation.

Hismanal® and Propulsid® are registered trademarks of Janssen Pharmaceutica Products, LP.

Versed®, Fortovase®, and Invirase® are registered trademarks of Roche Pharmaceuticals.

Halcion® and Mycobutin® are registered trademarks of Pharmacia & Upjohn.

Wigraine® is a registered trademark of Organon.

Cafergot® is a registered trademark of Novartis Pharmaceuticals Corporation.

Biaxin® is a registered trademark of Abbott Laboratories.

Crixivan® is a registered trademark of Merck & Co, Inc.

T4-B001B

51-022486-00
Revised April 2003

In Pursuit of Excellence

We love things done exceptionally. An exquisite piece of Shona sculpture, a delectable gourmet meal, an inspiring motivational message or song that catapults your spirit into the stratosphere; these are all symbols of excellence attained. There is a distinct appreciation for a chiseled physique that required time, discipline and labor, where the only suitable response is that indefinable African expression, "humph." In each case there is an appreciation for the labor, time and effort that went into producing the final result.

Still, we know that excellence in its truest sense can be elusive. All too often excellence is confused with perfectionism, which essentially says that nothing we or anyone else ever does will ever be enough. When we speak of excellence, we are addressing the principle that excellence is not merely found in the outcome, but also in our process. It's not only the place where we finally find ourselves, but also the road that got us there.

ARISE Magazine is committed to excellence, and as its publishers we can honestly say that while our effort has made landmark achievements, in some instances we have missed the mark. We believe that in order for any problem to be genuinely addressed it must first be admitted. So this month we have combined the July and August issue to take the necessary time to perfect our process and product, ARISE Magazine. After all, we are reaching for excellence.

In this summer issue we celebrate the excellence of style, finance, art, culture, wondrous photography and our usual splendor of editorial faire. We acknowledge the distance we have yet to travel in developing an excellent response to HIV/AIDS domestically and globally.

Still, we see the essential steps that we must take to reach our true goal. We are arduously working to improve our internal systems to meaningfully address these challenges. Our missteps are not excused by the fact that we are a young black gay-owned business but quite the contrary, our motivation for reaching for excellence is only strengthened because of it. Too many have sacrificed too much for us to misrepresent their effort or that of our team.

ARISE appreciates the constant stream of email, telephone calls and letters that hail our publication as cutting edge, progressive and life-affirming. Our ever-growing circulation is a testament to a loyal and supportive readership. All of these are valued above measure and inspire our effort to reach beyond the moment and grasp for the stars.

The vision of ARISE is "to motivate people to get up from where they are and reach for where they are destined to be." We too must hold ourselves to this standard and overcome whatever challenges beset us. But in doing so, our hope is that along the way, we inspire every reader or person that jaunts through our pages to get a glimpse of the "possible, to see into the intangible and to reach for the excellence." Within themselves and each other. Anything else is just mediocre.

In Pursuit of Excellence - Feel The Power

MacArthur H. Flournoy
Editor

G. Alexander

Glenn Alexander
Co-Publisher

arise@arisemag.com

managing editor letter

July brings us Independence Day and August is one of those rare months with no big American holidays, just hot summer and holding out until September's Labor Day. Arise in this combined issue celebrates family. The chorus refrains "We are Family" and of course that can and is interpreted in many ways. I have long believed that family is something that one nurtures and develops. Some of us are fortunate enough to have that in our family of origin. But regardless, if you don't have a good family structure you will want to work and attain one and even if you have a good head start, it still needs to be maintained. If not, it will be as Langston Hughes so elegantly described of a dream deferred, it withers and dies like a "raisin in the sun." So nurture your families and they will thrive.

And if you watched the Tony Awards this year, two men kissed on CBS, announced their love for one another (they have been together 25 years) and questioned as to why they couldn't get married. Another Tony recipient shocked at this award was heard to exclaim, "I can't believe I saw two men kiss on CBS!" This before thanking his male lover. Meanwhile, the gay-themed "Take Me Out" was nominated and won at the Tony Awards. Gay marriage is now legal in Toronto, and the rest of the country may follow next year. Canada could be set to join the Netherlands and Belgium in allowing gay marriages.

Meanwhile africana.com, in a take-off on the color-coded terrorism threat, has introduced its own color-coded racism threat. According to the editors, "The Africana Racism Threat Index is a weekly indicator assessing the level of threat racism poses to African Americans and black people throughout the African Diaspora. As a public service, every week the editorial staff of Africana will re-assess the Racism Threat Level and upgrade or downgrade our assessment as needed." The index goes from severe to high to elevated to guarded to low.

So once again, juxtaposed at the intersection of race, class, sexual orientation, identity, and gender, Arise steps up and holds court for the family. We feature our usual array of art, style, travel, entertainment and people. Specifically, first time contributor Sandra Varner shares her interview with Bernie Casey in "Renaissance Man With An Artful Eye." Herukhuti continues with musings on "Building Our Community, Building Ourselves" in "Living In the House of Our People." Naomi and Zwazzi answer your questions in their column, "Courage to Love." Angela Griffin discusses "The Importance of a Liberal Education with a Strong Emphasis on Global Awareness and Inclusiveness." Brent Carpenter discusses that oft-taboo subject of suicide and mental health in "I'm Not Crazy: I Just Like To Think Outside the Box!" Clarence J. Fluker continues with the family theme in "Redefining Family for Ourselves." I continue my rants and raves, reviewing two books "Quilting The Black-Eyed Pea: Poems and Not Quite Poems" by Nikki Giovanni and "My Heart Will Cross This Ocean: My Story, My Son, Amadou" by Kadiatou Diallo and Craig Wolff.

Our publisher MacArthur Flournoy waxes poetic about Vallerie Wagner and Denise Newman in "Twice In Love." And Marva Edwards gives us an overview on April's National Conference of Black Lesbians.

National HIV Testing Day was Friday, June 27th. Our talk of abstaining and being protected has done little to stem the tidal wave of HIV and AIDS. Education is certainly the key, but if we truly care about our families, we will all lead the way by being tested ourselves, and encouraging them to follow suit. Ignorance is deadly.

Akilah Monifa

Akilah Monifa
Managing Editor

photo by David Jacquot

ARISE

EDITOR-IN-CHIEF	MacArthur H. Flournoy
MANAGING EDITOR	Akilah Monifa
EXECUTIVE EDITOR	Glenn Alexander
WOMEN'S HEALTH EDITOR	Kimberly Hicks, MD
MEN'S HEALTH EDITOR	Dr. David Malebranche
NEXT GENERATION EDITOR	Clarence Fluker
ENTERTAINMENT EDITOR	Chaz Crowder
TRANSGENDER COMMUNITY EDITOR	Sharyn Grayson
COPY EDITOR	Yolanda Burrell
CONTRIBUTING WRITERS	Sakia Gunn, Brent Dorian Carpenter, Craig Washington, James Knox, Kisha "Nomvuyo" Montgomery, Jean Pierre Campbell, Tim'm West, AnuRA, Denise Liggett, David Malebranche, Sundiata Najja Alayé, Hameed "Heru" Williams, Phill Wilson
CREATIVE DIRECTOR	Melissa Vega
ARTISTIC DIRECTOR	Mike Whiteside
ADVERTISING DIRECTOR	Glenn Alexander
FASHION EDITORS	Eric Hollis, John Mortimer, Oded Levy

ARISE Magazine
411 Rockmont Circle, Sacramento, CA 95835
phone: 916.419.2100 fax: 916.419.2145
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved.

Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing. Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

contents

special summer issue

July - August 2003 – V3 Issue 6

Courtesy of Verve Records

ARISE

publishers letter 02

managing editor letter 03

table of contents 06

COVER STORY

heather headley: 39
trinimerican extraordinaire

FEATURES

Dreamscape – africa 08

Twice In Love: Vallerie Wagner 15
and Denise Newman
by MacArthur H. Flournoy

quilting the black-eyed pea poems 17
and not quite poems by nikki giovanni
by Akilah Monifa

HIV in ghana: another look 20
by Maurice Graham

the measure of a man 25
by Khalid Kamau

shirley horn: may the music never end 28

fish food 36
by Angela Griffin

phillips presents: david lachapelle 42

my heart will cross this ocean: 53
my story, my son, Amadou
by Kadiatou Diallo and Craig Wolff

zuna institute in the house 55
by Marva Edwards

when early is better: 59
primary HIV infection
by Eric S. Doar, M.D.

introducing: karkula 68
by David Jacquot

I'm not crazy: I just like to think 78
outside the box
by Brent Carpenter

bingaart 84
by Richard L. Mack

photo by David Jacquot

COVER
Courtesy of
Osmosis
Media Labs

contents

39

DEPARTMENTS

fashion 30

by Oded Levy

music review, the rh factor: roy hargrove 75

next generation 81

black men's health 94

by Dr. David Malebranche

COLUMNS

building community / building ourselves 37

by Hameed "Heru" Williams

courage to love 66

the spirit reminds us 91

by Sundiata Najja Alayé

phill wilson 96

42

photo by David LaChapelle

08

DREAMSCAPE

The Dreamscape Project

Conservationists talk about the importance of saving the earth's biodiversity. Janis Miglavs mission is to help preserve the earth's cultural diversity which being erased by Western and Mideastern cultural steamrollers.

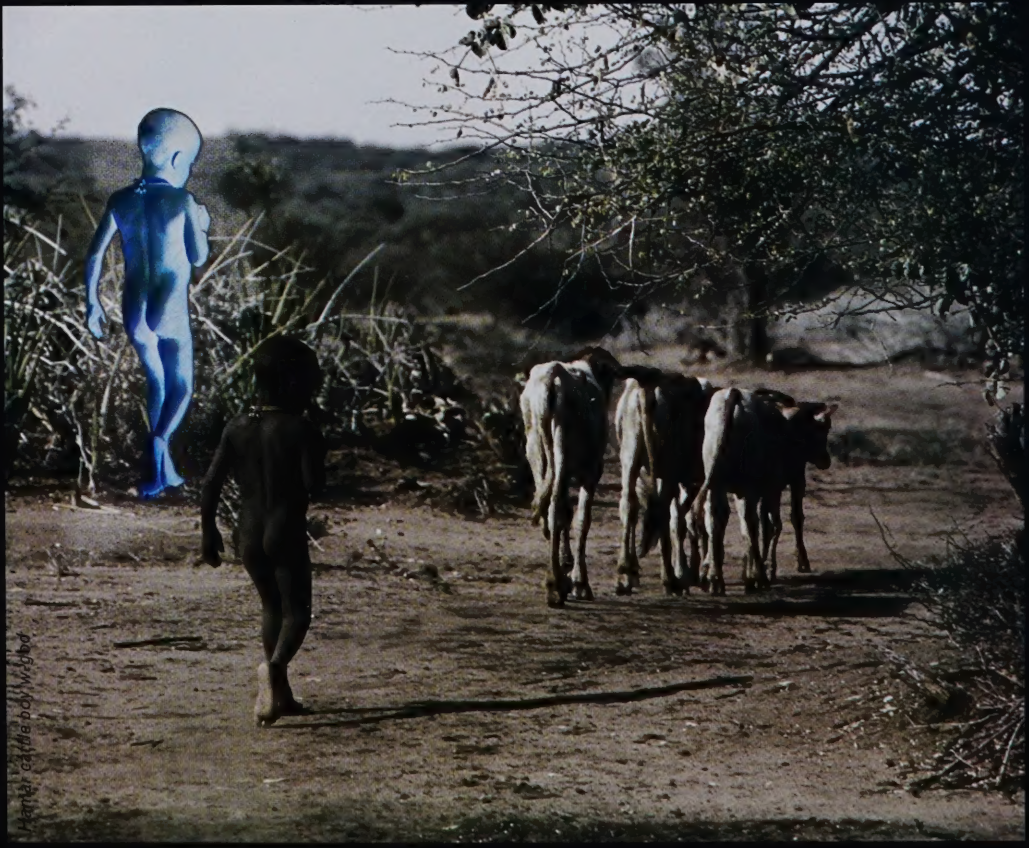
The Dreamscapes Project takes us on a visual journey through the myths and dreams of 15 endangered indigenous tribes in the most remote corners of Africa, including the Bushman, Himba, Mursi, Karo, Aerbore (Erbore), Hammar, Geleb, Burme, Konso, Bedik, Bassari and Dorze.

Preserving Primordial Wisdom

Myths for indigenous tribe are passed on orally. With on secret notebooks or illustrated manuscripts, the elders, chiefs and shamans tell mythical stories around the first. In fact, the leading anthropologist in Ethiopia says that Janis Miglavs is the only person to have recorded the myths of the tribes he has studied.

In Ethiopia, Janis found that the Aerbore tribe's incredible story about how early man first came to be a meat eater is much more scientifically accurate than the cave-dwelling meat –eater myths we grew up with. n fact, their ancient story matches most current scientific theories of man's evolution. The Aerbore had it right before Westerners. But until Janis recorded the story, it might have vanished with the elders.

Bedik Initiation



Hamar cattle boy w/god

Mursi god

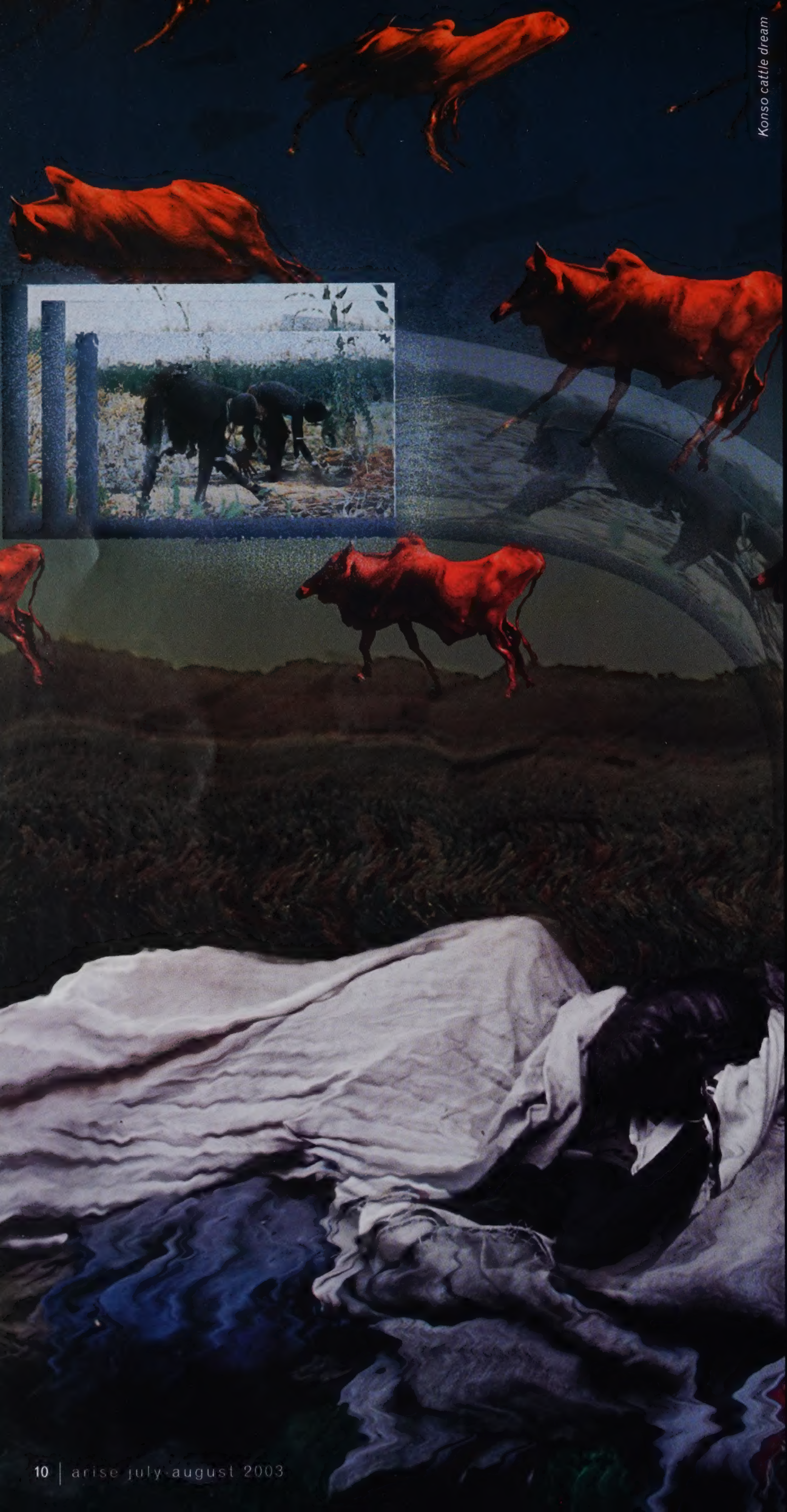
When tribal cultures, languages and knowledgeable elders die, so do their treasured stories, insightful myths and predictive dreams. With the storyteller goes the story, and the loss is immeasurable. When the stories are lost, some primordial wisdom, perhaps even a taproot to an ancient spring of human knowledge, is gone forever.

Myths and Dreams

Myths are the stories that help us understand life. They answer the cosmic questions like where did the first man come from, what happen to a man after he dies and where does evil come from.

While myths answer the big human questions, dreams are individual myths. They provide personal insights, even guidance into daily life. "Primitive" tribes place much more importance on dreams than Westerners do, seeing relevant connections between dream states and waking life. Konso elders in Ethiopia provide Janis with detailed descriptions of their dreams, including the red snake dream, which predicts rain, and the red bull dream, which predicts a plentiful harvest.

Himba girl with Polaroid.



Konso cattle dream

Creating the Visuals

Lengthy interviews with the elders produced detailed descriptions, including the Konso creation story about the first man coming from a termite hill, the Mursi god who looks like a human with no legs and colored wings and the Bume Satan story. In Namibia, elders and witch doctors sketched the concepts they described in a drawing pad. From these descriptions, Janis produced his unique visualizations: photo illustrations of the myths and dreams. By using the photographs he took on location as building blocks, Janis created the photo illustrations using digital programs like Photoshop and Painter.

Konso snake dream

janis miglavs biography

Janis Miglavs is an internationally renowned photographer with 20 years of experience capturing photographing people, places and products around the globe.

Born in 1948 in a Displaced Person's Camp in Germany, just after his parents escaped from the Communist invasion of Latvia, Janis experienced first-hand the loss of home and learned the importance of cultural diversity. The invading Communists tried to kill his father and erase his Latvian culture. Eventually, Janis and his family immigrated to the United States.

After graduating from U.C. Berkeley with a degree in Sociology and minors in math and architecture, Janis received a Masters of Fine Arts degree while teaching drawing, painting and photography at Bella Vista High School near Sacramento, California. During that time he also operated a portrait and wedding photography studio.

His first calling to adventure travel photography came in 1976, during a four- month trip through Japan, northern India, Nepal and Sikkim. In Japan he stayed in a Zen monastery and was invited to study at another monastery where no foreigner had ever visited before. In Nepal, Janis was one of the first visitors allowed into the Muktinath/Mustang area on the border with Tibet. The warm-hearted people, the immense mountainous landscapes and the monks who taught him about Yoga and Tibetan Buddhism expanded his inner vision of the world.

In addition to business assignments and personal photographic projects in Europe, Asia, Perú, Egypt, Patagonia and Senegal, Janis has visited his homeland Latvia several times. On one of those trips, he reclaimed his parent's farm from the Communists. On another, he photographed the country for the Latvian Tourism Department.

A resident of Oregon since 1982, Janis has photographed an extensive collection of Pacific Northwest landscapes and people. Publications featuring Janis' work include National Geographic, Travel Holiday, Travel Oregon and Modern Maturity. Currently Janis lives with his family in the rolling vineyard-covered hills above Sherwood, Oregon and operates his photographic business out of a barn next to his home.

Janis is working on a project he calls *Dreamscapes/A Visual Look at the Inner* World of Endangered Cultures. His goal is to study the myths of "primitive" tribes who are close to extinction, then create photo illustrations from the descriptions provided by the tribal elders, witch doctors, shamans and chiefs. He is in the process of creating a book and shows his work at galleries throughout the Pacific Northwest.

th Himba chief

nuevo: [nu•wāv•o] **new** / adj.

1.recently begun, made, built. 2.different.

3.just beginning to be used; fresh.

design & multimedia

identity

print

packaging

web

video

interactive

illustration

510.432.2124

designs@nuwavo.com

www.nuwavo.com

nuwāvo

© 2002 nuwāvo

The *New York Times* bestselling author of *A Love of My Own*

E. LYNN HARRIS

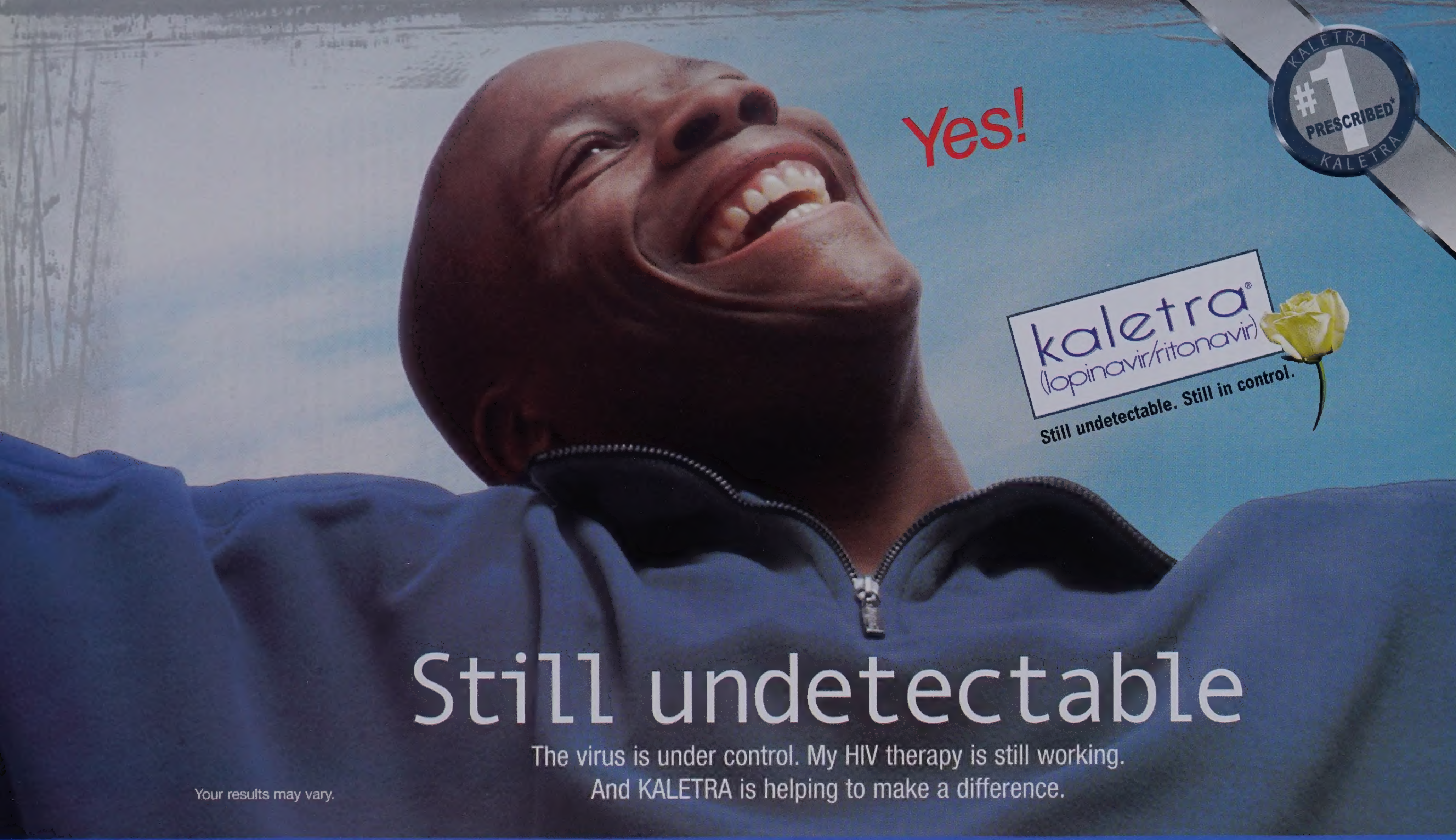
If you think his novels are daring, wait till you read his life story.

E. Lynn Harris's road to success was not always easy, from his tumultuous childhood to his days as a young adult struggling to find his place in the world as a black gay man. But Lynn was fortunate to have some remarkable people in his life whose love and guidance gave him the courage to make his dreams come true.

author photo: ©Matthew Jordan Smith

Doubleday Available wherever books are sold **www.elynnharris.com**

A Main Selection of Black Expressions and a Featured Selection of Insight Out
Also available on cassette from Random House Audio



Still undetectable

The virus is under control. My HIV therapy is still working.
And KALETRA is helping to make a difference.

Your results may vary.

KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents.

Safety Information
KALETRA should not be taken with Halcion®, Hismanal®, Orap®, Propulsid®, Rythmol®, Seldane®, Tambocor™, Versed®, Rimactane®, Rifadin®, Rifater®, Rifamate®, Mevacor®, Zocor®, ergot derivatives or products containing St. John's wort (*Hypericum perforatum*). Discuss all medicines, including those without a prescription, and herbal preparations you are taking or plan to take with your doctor or pharmacist.

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

Pancreatitis and liver problems, which can be fatal, have been reported. Tell your doctor if you have or have had liver disease such as hepatitis. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Please see adjacent page for Patient Information.

*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class. July 2002–January 2003

Abbott Laboratories
Abbott Park, IL 60064

1-866-KALETRA (525-3872)

www.KALETRA.com

Abbott Virology™
From Research to Reality

©2003 Abbott Laboratories

03C-036-7483-1

March 2003

Printed in USA

KALETRA®

(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information
KALETRA®
(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD_4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and nonprescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These medicines may lower the amount of KALETRA in your blood and make it less effective.

- **Other Special Considerations:**

  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.

- If you are taking both didanosine (Videx®) and KALETRA:

  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is not complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abdominal pain, abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

* The brands listed are trademarks of their respective owners and are not trademarks of Abbott Laboratories. The makers of these brands are not affiliated with and do not endorse Abbott Laboratories or its products.

Ref.: 03-5239-R8

03A-036-6510-1 **MASTER**

Revised: January, 2003

ABBOTT LABORATORIES
NORTH CHICAGO, IL 60064, U.S.A.

TWICE IN LOVE:

VALLERIE WAGNER AND DENISE NEWMAN

WRITTEN BY MACARTHUR H. FLOURNOY

Vallerie Wagner and Denise Newman

We want to enjoy every day as long as we can. It's about the value of life; really living every day to it's fullest. It's been a long journey to get here – even the time apart.

Vallerie Wagner

I see us growing old together, now that we are getting the second opportunity to do it right.

Denise Newman

It has been written "He" who finds a good wife finds a good thing. We expand on that adage to say that "She" who finds a good wife, finds a wonderful treasure. When the treasure is found not once, but twice in the same lifetime, the love is only amplified and the treasure all the more revered. And so it is with Vallerie Wagner and Denise Newman who discovered their love for one another in the vivacity of their twenties, and then again in the wisdom of their forties.

The duo met in 1987 and remained partners for three years. They caught a glimpse of one another in the kitchen, began talking and the conversation lasted for three consecutive years.

In reflecting on their decision to go their separate ways, Vallerie comments "Denise always says that we were just 'too,' too young, too silly, too immature, just 'too.' Still I know it was a relationship we were both looking for. I love Denise for her ability to be fun and silly. I love her drive and determination, her dedication to things she believes in."

Vallerie will tell you that their time apart was quite likely brought on by a combination of factors such as youth, timing and personal ambitions. However, Denise has another perspective. "It was also Vallerie's activism and political perspective that led to frustrating arguments and disagreements."

"I love cartoons. But, I couldn't watch my cartoon in peace. She (Vallerie) would talk about Bugs Bunny being depicted as being picked on because he was an early representation of a transgender person, and that the real reason the Road Runner kept antagonizing Wile E. Coyote was because he was brown, symbolizing Latino people, while on the other hand Daffy Duck was intentionally made to look silly because he was black."

I just wanted to watch cartoons but we would argue over that. I'm an eternal optimist. Vallerie would tell me "Open your eyes. Now that was our twenties but we have grown tremendously since then."

Fast-forward eleven years to December in 2001 in the home of a mutual friend. "By that time we had lots of opportunities to grow up, lots of experiences and the opportunities to grow through them. We talked and spent time together. Then we just came back around to it," recalled Vallerie of their loving alliance.

"Denise challenges me. She's fun to be with. She calls me on my "shit." We complement each other."

When asked to consider her feelings for Vallerie, Denise comments, "It's a scary thing. I love her presence. Its like running into somebody you've known for a long time. It is the way it's supposed to be."

Denise Newman

HOLY UNION

At the time of this writing the couple was preparing for their nuptials slated for June 28, 2003, aboard a yacht that will set sail at sunset in a Southern California harbor. The ceremony will bring together an intimate gathering of loved ones.

"It gives us an opportunity to share our love for each other with our friends and family. We want to create that bond around our relationship. It's about a commitment to each other no matter what" remarked Vallerie.

She nervously jokes that the planning for the actual ceremony has helped her to let go of some of her control issues. Being the ever-vigilant activist for LGBT rights and liberties, Wagner quips, "Straight people shouldn't be the only people who get caught up in this thing. It speaks of who we are in a union – that we are each other's soul mates."

Denise thought aloud as she considered the meaning of their Commitment ceremony. "For me, the wedding is about finding that person you call home. Realizing that you're traveling with someone that at times may be behind you, beside you or in front of you. We can be completely fine with that without having to prove anything. For us, this is the next progressive step. This time around it calls for us to validate completely to the world and to ourselves that I love the entire package. That's the only place I come from when I'm dealing with her.

Breaking her momentary pause in thought, Denise commented, "I see us growing old together, now that we are getting the second opportunity to do it right."

When asked to consider life lessons that she could share with other couples on the threshold of making a similar commitment Denise offered, "You have to make sure the foundation is strong. If your foundation is strong, in the face of the worst adversity, you are willing to stand right there. Then you know it's strong. If you don't know in your heart that's its really strong, then you're not ready. You need to be sure of that before you step out.

In considering their future, Vallerie sums it up this way: "My vision is for us to have a long life together. Accomplish all kind of things together, things that secure our future. There are things that we want to do. We want to enjoy every day as long as we can. It's about the value of life; really living every day to it's fullest. It's been a long journey to get here – even the time apart."

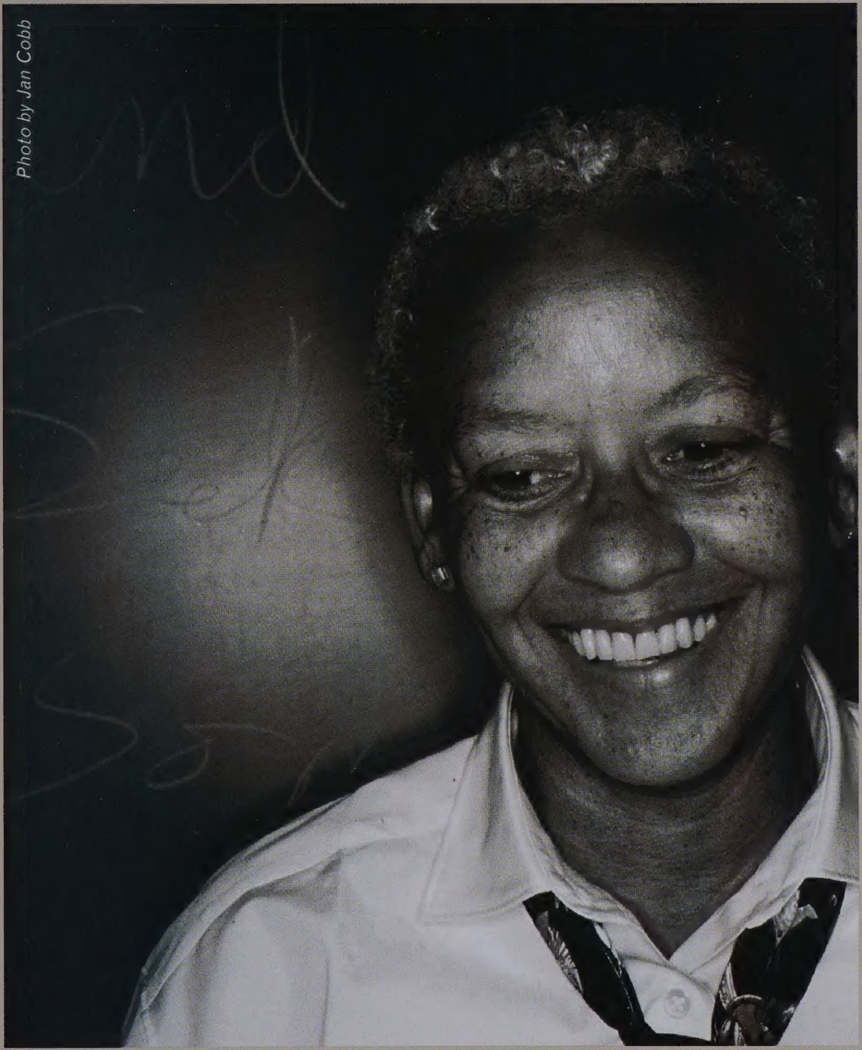


Photo by Jan Cobb

Quilting

The Black-Eyed Pea Poems and Not Quite Poems by Nikki Giovanni

Ravings by Akilah Monifa

When I was growing up, I wanted to be Nikki Giovanni. Not that I write poetry or understand most of it, but Ms. G has had her writings published for the past thirty years. So, as a child and as an adult, I was and am impressed. Plus, I understood her. I didn't have to be hip, listening to beat poetry, wear all black, play drums, wear shades, or snap my fingers instead of clapping. Ms. G was political, inspiring, intelligent, yes, intellectual. She told it how it is and was. Her poetry wasn't and isn't the poetry we studied in secondary school. Of course, I would have received a far better education if she was required reading.

I recently met Nikki Giovanni when she was at KPIX/KBHK studios (in San Francisco, California, where I work) taping the television program, Bay Sunday, with Barbara Rodgers. She was of course promoting Quilting the Black-Eyed Pea, but when asked about the current political climate in the United States with the war in Iraq and specifically politics within the United States, Giovanni assailed the Bush administration. She questioned the sanity of the administration, actually, she didn't question it, she called them all insane and specifically named Bush and Cheney. She was also critical of Condoleezza Rice. I was absolutely amazed by her accuracy, clarity and bravery. Here's a transcript of the question and answer:

Question by Barbara Rodgers, host: "What is happening right now in America, the war in Iraq, the war on terrorism, what is your feeling about where we are at this point in time?"

Giovanni's response: " I think it's very sad. I think that President Bush is such a little Nazi. And I'm so sorry that he's in the Presidency. The war on Iraq was a horrible, horrible thing, and the war on terrorism is nothing but a fugitive slave law. And for all of us who know our history, the reason we are doing this is that we want to have an excuse to create a super structure so that we can intimidate people. I think it's unworthy of America. I think that Cheney, Condoleezza Rice, all of them need to be hospitalized; they are crazy people, they are out of control. And I think that it's such a shame that in 2003 we are not looking to the future. You've got these people doing a retro on 1953, 1954. It's time to move forward. And I'm really upset with Condy Rice, because this is an affirmative action baby, she should know better. I'll be glad when we get better leadership."

And to think that Eartha Kitt was blacklisted for years because she questioned the war in Vietnam at a White House function.

Ms. G is my shero, my voice, my conscience. She was born in Knoxville, Tennessee and reared in Cincinnati, Ohio. She attended Fisk University where she was involved with both the Student Non-Violent Coordinating Committee (SNCC) and a writers' workshop. She has published sixteen volumes of poetry, four books of essays, and four children's books. She is also a University Distinguished Professor at Virginia Tech and teaches courses in creative writing and African American literature there.

Quilting the Black-Eyed Pea contains fifty poems. None other than the late great Gwendolyn Brooks (to whom she dedicates poems), Marian Wright Edelman, Lorene Carey, and Gloria Naylor write praises for the blurbs on the back cover. Even the titles of the individual works are lyrical and political. They include "Rosa Parks" "Twenty Reasons to Love Richard Williams" (One is 'because he makes white folks crazy") "In the Spirit of Martin" "Shoulders Are For Emergencies Only" "Another Aretha Poem" "9:11:01(For 9:11:71) He Blew It" "Making James Baldwin" and "Susan Smith"(A letter to Susan at the correctional institute) She elegantly, politically, intellectually, and poetically, discusses anything and everything., the environment, her personal illness of cancer, the United States, history, music, and the world.

The title poem's parenthetical is "We're Going to Mars." The poem and book open with:

We're going to Mars for the same reason
Marco Polo rocketed
to China
for the same reason Columbus trimmed
his sails on a dream of spices

She closes the tome with "The Song of the Feet":

And on the worst day of my life
Walked behind JFK
Shouldered MLK
Stood embracing Sister Betty . . .

It is appropriate I sing
The praise of the feet

I am a Black woman.

If you read or if you think, you should read this book. You will savor every word and think and feel more than you ever had before. In fact, if this is your virgin read of Nikki, you will undoubtedly start here and complete the collection.

Quilting The Black-Eyed Pea
ISBN# 0-60099526
$16.95
www.harpercollins.com

◆

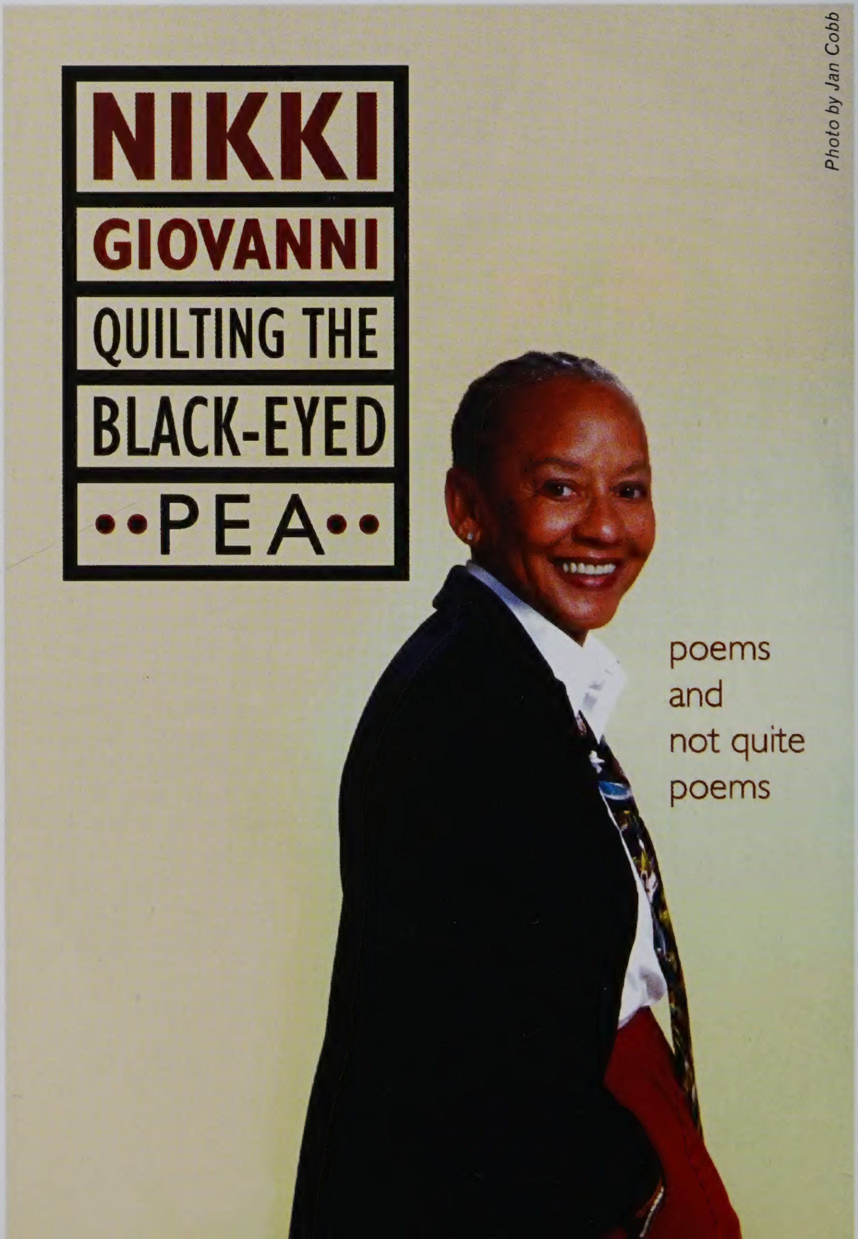
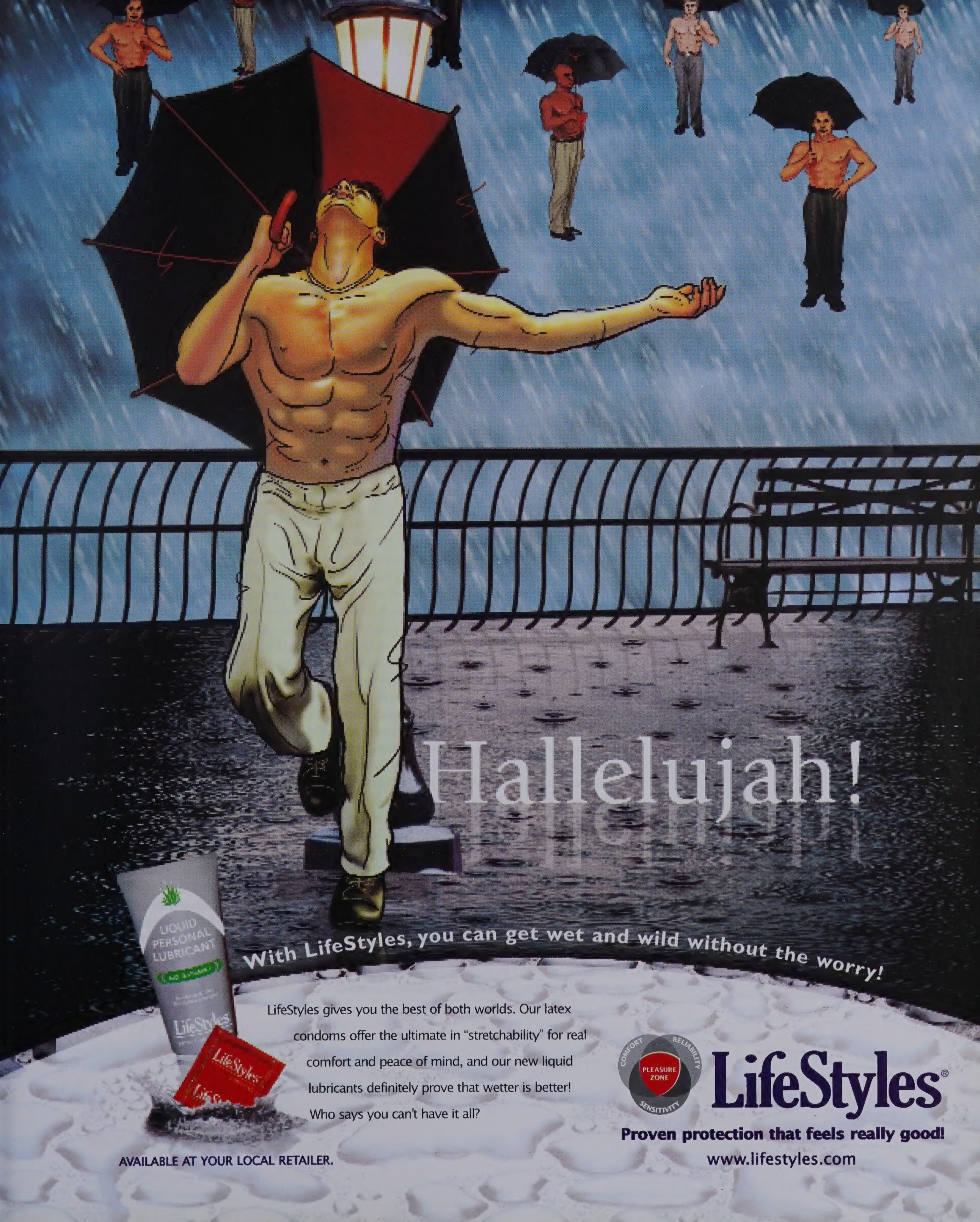


Photo by Jan Cobb


Hallelujah!
With LifeStyles, you can get wet and wild without the worry!
LIQUID PERSONAL LUBRICANT
LifeStyles
LifeStyles
COMFORT
RELIABILITY
PLEASURE ZONE
SENSITIVITY

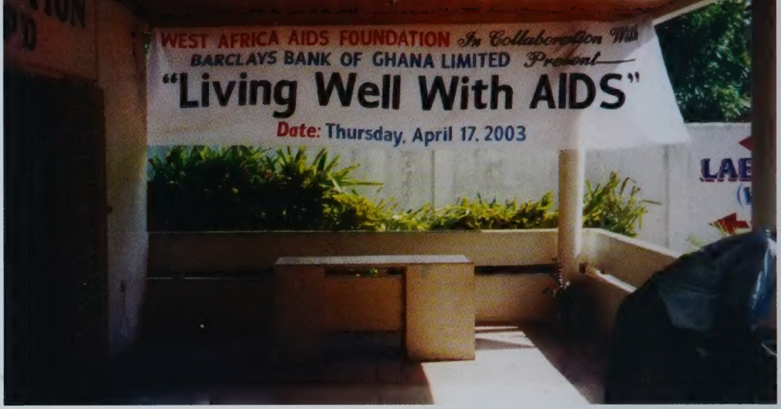
LifeStyles gives you the best of both worlds. Our latex condoms offer the ultimate in "stretchability" for real comfort and peace of mind, and our new liquid lubricants definitely prove that wetter is better! Who says you can't have it all?

AVAILABLE AT YOUR LOCAL RETAILER.

LifeStyles®

Proven protection that feels really good!

www.lifestyles.com


WEST AFRICA AIDS FOUNDATION In Collaboration With
BARCLAYS BANK OF GHANA LIMITED Present
"Living Well With AIDS"
Date: Thursday, April 17, 2003

HIV in Ghana-Another Look

By Maurice Graham

Nettie Sims, a retired psychotherapist, nurse and healing touch practitioner in her seventies, disembarked from Ghana Airways on a sunny afternoon in April 2003 in Ghana, West Africa, with tears in her eyes and exclaimed "I'm finally Home!" She was one five who had traveled from the U.S. to provide humanitarian relief to a country in the grip of the escalating problems associated with HIV/AIDS. This party was lead by me, Maurice Graham, a frequent traveler to Africa since reclaiming my own life from substance abuse and HIV infection. I am Living with AIDS and this idea has launched me into actions based on my new belief that I can live well with AIDS. This statement is about taking responsibility for my own life and making a commitment to live. Since making this declaration, I have been to Africa on eight different occasions, responding to this new direction I have taken in life. I have learned to organize my local community to respond to this pandemic by collaborating with people and organizations of like minds. We have set-up local and international programs, incorporating the skills and talents of those infected and affected by HIV. We see that our issues in Africa and America as people of color are the same: ignorance, fear, denial, and the stigma we have relative to the spread of HIV/AIDS. This is a preventable disease, yet the new infections in communities of color are increasing at an alarming rate. Aid for AIDS/AFRICA (AFAA) is an organization founded by me and others who share this objective. AFAA has responded by getting new information out on how we can prevent infection and expose the underlying reason that contribute to the behaviors that lead to HIV infection and other STDs. AFAA has also responded by enlisting the people living with HIV to get involved in their own process of Living Well with HIV. We then take what we learn about living with HIV and teach others by example how to help themselves. I believe that this will be the model for all of us who are concerned about wellness in the African and African American communities. Also traveling with us was an educator, Hamadi Walls, a doctor, Dr. Cal McNeill and another person living with AIDS, Darren Williams. We worked well together towards our goal of getting information and medicine to organizations who are responding to AIDS at a grassroots level. We were successful in this endeavor.

Nothing Went As We Planned

We left during the war on Iraq, April 12, 2003 from Oakland, CA for Baltimore, and planned to leave on Sunday, April 13th from Baltimore to Ghana. However, when we arrived at BWI, Ghana Airways terminal, we were met with as sign that read "Flight to Ghana Cancelled Today!" My hope to get to Ghana by Monday to start an aggressive two-week schedule was crushed. We were all disappointed. We were meeting Doctor Calvin McNeill from North Carolina for the first time; he was originally scheduled to travel with one of our collaborating partners "Project Africa", a group of medical professionals and educators based in Southern California. The group delayed its trip until late June. Dr. McNeill decided to go with us instead, and what a welcomed member of our team he was. The next flight was scheduled to leave for Ghana on Tuesday, 3 days away — but did not actually leave Baltimore until very early on Wednesday morning April 16th. We arrived in Accra, the capital city of Ghana at 4PM on the same day. We had missed 4 days of our scheduled activities. One member of our group, Darren Williams, did arrive on the Monday as originally scheduled (he was an employee of another airline) and was able to make some important presentations on our behalf in the Ghanaian community. The presentations concerned women and the gay population — which have been previously overlooked regarding any prevention or treatment messages and services associated with HIV. He was able to meet with a group of gays at one of the popular beaches in Accra for face-to-face discussions on sexual behavior and HIV. He was also able to get representatives from the gay community connected with West Africa AIDS Foundation as liaisons for continued support. Most of the AIDS Service organizations have little or no contact with the gay community in Ghana. None of the agencies we have come into contact with are sensitive to the needs of gays in Ghana, as most Ghanaians don't believe homosexuality exists in significant numbers. There is a lot of work to do with regard to addressing this major channel for HIV transmission. I believe that to overlook this community is equivalent to not addressing the issue of how HIV is transmitted at all; as this is a major flaw in any plan to address the prevalence and spread of the disease. We learned of Darren's success upon our arrival and prepared to rearrange our plans to accommodate our contacts with our major partners in Ghana due to our shortened schedule. The lesson for me was that it is God's plan that always prevails; just show up and God does the rest.

West Africa AIDS Foundation (WAAF) was our first visit on Thursday. We spent most of the day launching a "National Testing Program" with WAAF as the alpha site for Ghana. Remember, this is the 20th year HIV has been around and this is the 1st National Testing program in Ghana. Barclays Bank and the Ghana AIDS Commission funded the program. I was one of five on a panel that included a representative from Barclays Bank, Stephen Opon, and the Director of the Ghana AIDS Commission, Prof. Amoa, Director of WAAF, Eddie Donton, and Princess Afie Dcansey. The princess is responsible for saving a fifteen year old boy's life who has been living with AIDS since his birth by getting him to the "International Health Care Clinic" which is WAAF's clinic and a recipient of medicine brought into Ghana by Aid for AIDS/Africa's "Medication Collection" program. The princess has her own organization called "Save A Million Lives Project". The national media broadcasted the event and West Africa AIDS Foundation was given some funding to look for the necessary partners across the country to make the program successful. This was the first major funding for any program in Ghana for testing and the first major funding WAAF has gotten since its inception in 2000. AFAA has been supporting WAAF since its inception with medicine, public speaking engagements and direct money donations to keep its doors open. Also supported in the same ways is Vital International, the first organization to launch an HIV/AIDS's Hotline in 1998.

Korle Bu Teaching Hospital's "Fevers Unit", where the HIV patients and others with infectious diseases are cared for, and Osu Children's Home are also partners adopted

St. MARKUS HOSPITAL
Dr. med. J.E. YEBOAH
consultations: mon.-sat.
9am.-2pm. 6pm-8pm.

by Tapestry, a faith-based collaborative in the San Francisco bay area, of which AFAA is a member. Tapestry visited Ghana when AFAA invited them to come in 2000. Tapestry and Wo Se' Community Church made direct donations totaling $500.00 U.S. to both organizations. In addition to the Fevers Unit and Osu Children's Home, some of the other organizations AFAA contributed to were the Countryside Children's Welfare Home, the Liberian Refugee Camp, and the AIDS ALLY Clinic. We distributed more than $1,000 U.S. in cash and in the neighborhood of $300,000 U.S. in medicines for HIV-related illnesses, which were split between WAAF and AIDS ALLY. In addition to these donations, we also set up entrepreneurial endeavors for some of the patients at the clinics and orphanages who have little or no support by providing hair clippers as a means to raise money to fund the needed medical services for the children and adults living with HIV. In the clinics and refugee camp, individual patients could support themselves and their treatment by cutting hair. Existing barbers who accept the new equipment have done so with the agreement to set aside funds from the profits of cutting hair to support those living with HIV/AIDS. We distributed 10 sets of barber's clippers as well as medical information and prevention messages in the form of brochures and books donated by Highland Hospital in Oakland and a wonderful book called "Mindful Messages", written by a friend of mine named Debra Day. The book was written in the language of our youth and was well received by the youth in Ghana.

In Kumasi, with Dr. Peter Preko, we also went on public radio for an interview and to inform the public that medicine for HIV-related illness were now available through AIDS ALLY. This is a clinic within a clinic, as the stigma would prevent people from coming if they knew the name of the larger clinic, whose name I won't mention. I met Dr. Preko at the 14th International AIDS Conference I attended in Barcelona Spain last summer. It was my second International AIDS Conference. I was there to do a presentation on the "Power of Collaboration", via community-based organizations working with all sectors of the community. We met at a workshop dealing with getting medicines to areas of the world that have little or no access to HIV-related medicines. I promised him on our next trip to Ghana we would supplement their supply. We did just that.

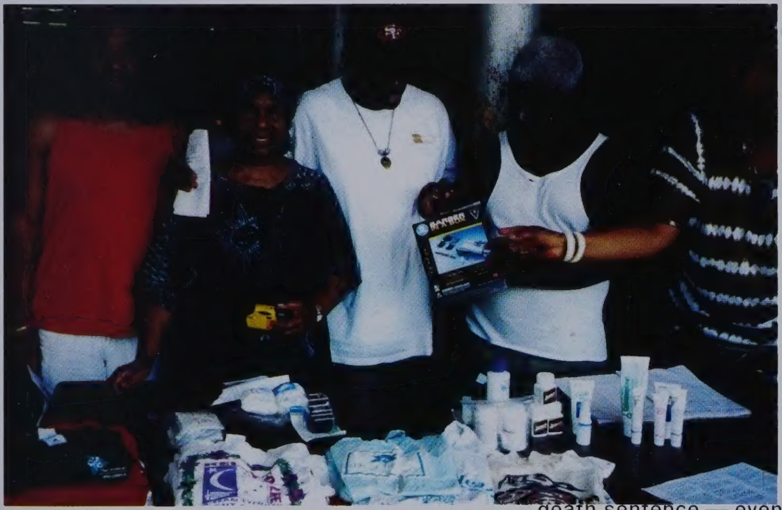
Upon our return to Accra, we went to confirm our return flight, only to discover that our flight had been delayed 24 hours. It caused us additional complications, but in Africa patience, flexibility and adaptability are essential qualities to have. When life serves you lemons, make lemonade. We spent the additional day filming a documentary on my life after living 20 years with HIV and still going strong. The film included me doing everyday activities like running, swimming and horseback riding. It also included a segment on nutrition and the traditional and alternative medicines I have used over the last 17 years. I did not use any medicines for the firsg three years of infection. At the advice of those living with AIDS at the time, people I met in HIV support groups, I began to use the alternative medicines. In the last 6 years I have begun to use traditional western medicines. I have not had any major opportunistic infections to date.

We also met with the Director of the Ghana AIDS Commission to get an overview of the national plan to support agencies and non-governmental organizations (NGOs) who intend to provide prevention programs as well as direct services and care for people living with AIDS. Dr. McNeill took the lead in this discussion. He is a quality assurance doctor for a major HIV pharmaceutical company; and I added the voice of one living with HIV and knowing the issues from my own experience dealing with supporting prevention, education and providing medical services to those who need them in the U.S. and Africa. Some of the topics we discussed included how to get medicines into Ghana, dealing with HIV-related illnesses, and how the country is currently getting the resources necessary to support care and treatment as well as prevention. We also discussed some of the plans for securing funding for medicine, necessary support to build the infrastructure needed to provide and sustain medical programs, and training for doctors, nurses,

counselors and the facilitators of support for the people living with HIV/AIDS. It was also uncovered in our conversation the lack of any support at all for people becoming infected as a result of the altered consciousness associated with drug and alcohol consumption. Substances like crack and methamphetamine did not exist in any substantial in Ghana in 1998 when I first arrived. There is a growing presence with all of the associated side effects and no programs at all to deal with the consequences of this new issue as part of the national program to deal with HIV/AIDS transmission. Another major issue is the lack of sensitization necessary to deal with the gay community in a non-judgmental way. There is a large underground of gays who have been completely overlooked with prevention, treatment and care messages and services. The director admitted the need to include and train organizations to enlist this community in the prevention and treatment process.

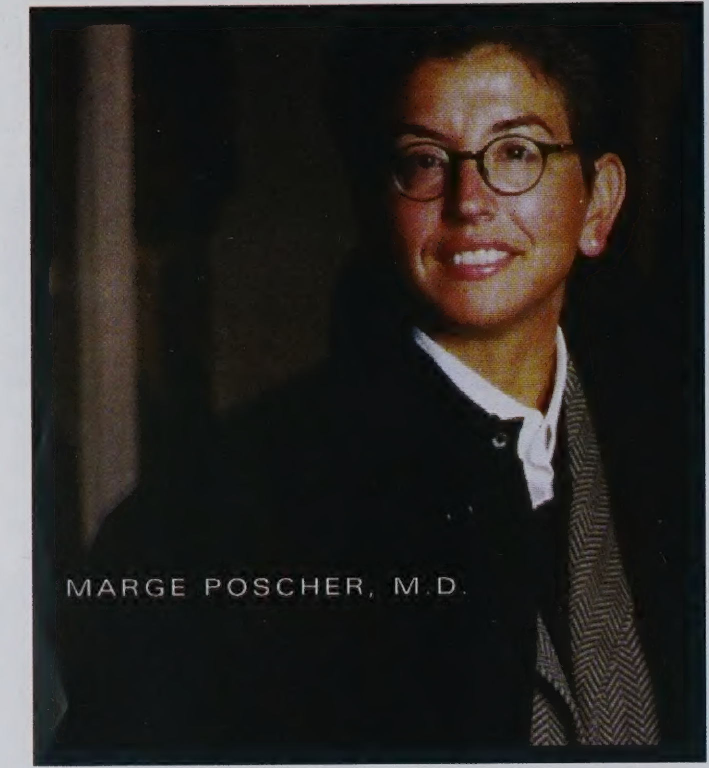
What We Concluded

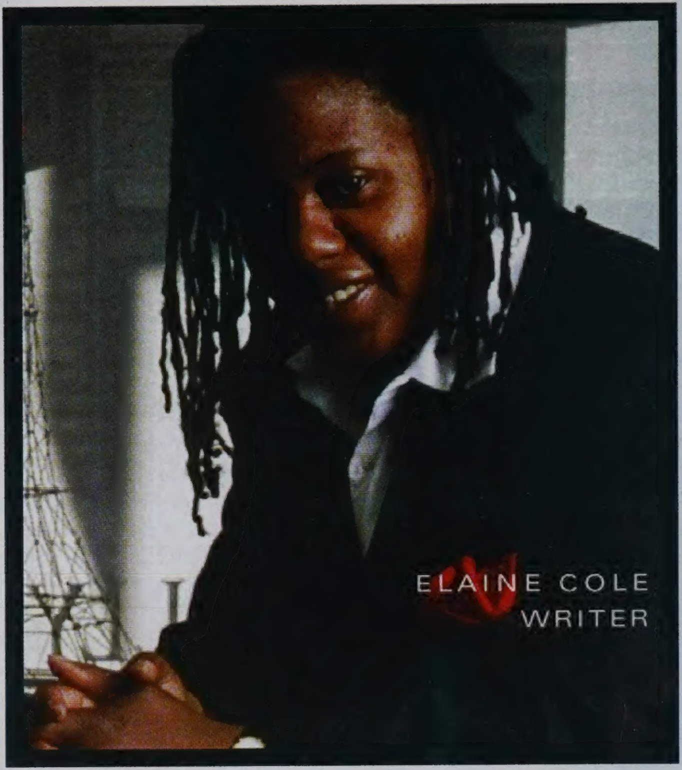
Ghana's position that HIV prevalence is less than 5% has been a huge disservice to its people. While the reasons are many for reporting such a low number, the results have been reduced interest in outside support of the populations of those infected. It is estimated that people dealing with HIV-related illnesses occupy 50% of the beds at the major hospitals, according to the Ghana AIDS Commission.

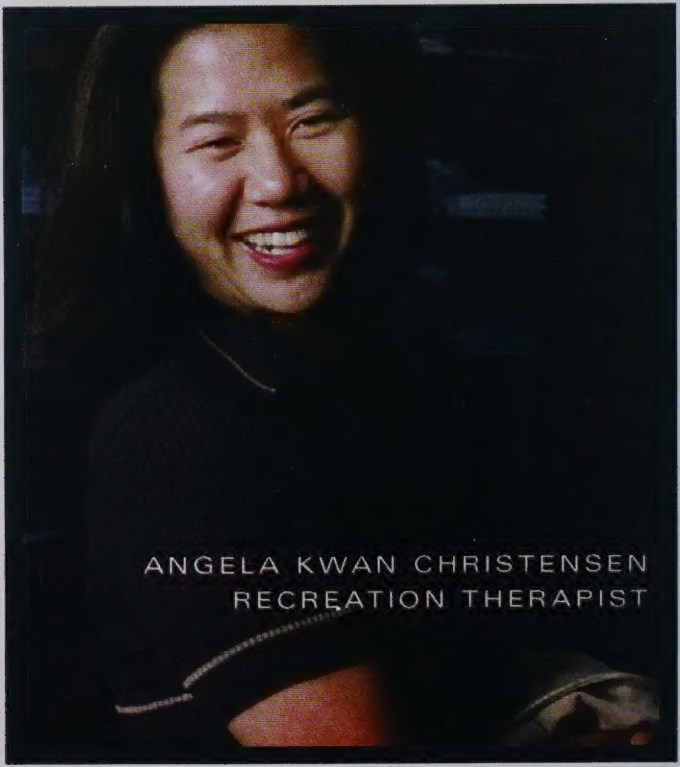


One of the first things we can do is to continue to support training programs for the medical practitioners as well as provide medical equipment with medication support programs to supplement their existing sources. One idea that we are currently exploring is a "Train the Trainer" program. We want to bring professionals in all areas of support to Africa to train the professionals in Africa on HIV prevention, treatment and care. We are also considering bringing people to the U.S. and/or setting up e-training programs using the Internet. Getting training materials, medicine and medical equipment is another issue. Addressing this issue, Tapestry has organized a "Shipping Container" program for regular shipments to support our partners in West and South Africa with needed medications and medical supplies as well as other materials of relief. Aid for AIDS/Africa has a program locally and internationally bringing people living with HIV/AIDS into communities of color where it is difficult for some of us to stand up and admit being infected. We who are living with HIV can share what is working and how we maintain wellness, right where we live and abroad. It is one of the most important things we do, as we directly deal with the fear and denial face to face. We let people know that this disease is not a death sentence — even in resource poor communities — and it is possible to live well without the traditional medicines for long periods of time as witnessed by my own experience and the experience of others. We can do for our people what is difficult or impossible for some, and that is to tell the truth. We can set-up training to sensitize the AIDS service organization on how to deal with the double stigma within them relative to HIV and Homophobia, so that they may be supportive to and for the gays in Ghana. We at AID for AIDS/Africa believe we can be helpful in organizing and implementing these types of programs for government and non-government organizations. We also believe that a necessary part of the prevention and treatment message must include support for substance abusers and the behaviors associated with a mind under the influence of drugs and alcohol. We can also provide training and supportive programs for those seeking to change these generally anti-social and abusive behaviors. We would like to invite others in the community to participate in this process, as we realize the problem is much larger than any one or group of organizations. We are our own greatest resource. I also want to challenge the community to come up with other ideas that put people in a position to provide for themselves on-going support, like the hair clippers idea used on our last visit. Aid for AIDS/Africa needs working board members; grant researchers and writers, and volunteers.

We at AFAA also believe that the model of helping people living with HIV/AIDS live well reduces the likelihood of that person spreading the disease; as it is incentive to get tested, incentive to remain healthy with or without traditional medicines and incentive for the person living with AIDS to become a prevention advocate. It is also my experience that people in general find it easier to support those who are willing to support themselves. Living with this disease has given us an opportunity to choose to learn to love ourselves and lets this example of helping ourselves, then helping others, speak for itsself.


MARGE POSCHER, M.D.





The men's store GQ has called "hip, discerning, distinctive..." is also the secret of some women.

BILLYBLUE
SAN FRANCISCO

Contact: Billy Bragman
54 Geary at Grant, Union Square
San Francisco, CA 94108

800 772-BLUE (2583)
billy@billyblue.com
www.billyblue.com

Photography: Chad Christensen; May Britt Boe; Eric Klaus Fischer

On Wednesday, 11 June 2003, four days before Father's Day, Aaron Price – a Morehouse College sophomore and the son of Reverend – was sentenced to ten years in a Georgia state prison for aggravated assault and battery of a fellow student with a baseball bat. The trial lasted three days. Price was accused of attacking Greg Love, a rising senior, while the two where showering in a residence hall on Sunday, November 3, 2001. Both men reported that they were on their way to church. Love was rushed to Atlanta Medical Center, were doctors performed a craniotomy to relieve pressure on his brain.

THE MEASURE OF A MAN

the state v aaron price

By khalid kamau

Price, who was expelled by the school, maintains that the beating was an act of self-defense. Gay groups and Fulton County District Attorney Paul Howard viewed the attack on Love as a hate crime. The case was the first to reach trial under Georgia's first Hate Crime Statute, passed in 2000.

News of the attack was first reported last winter by an ad-hoc coalition of AUC students and community activists who called themselves ASSEFA (African Americans for Safe Spaces Everywhere for All). Within days, rumors about the attack and the sexuality of both Love and Price made their way around campus and were beginning to spread across Atlanta, where Morehouse is located.

Morehouse officials refused to release any information to anyone about the incident, including the Atlanta Police Department, claiming protection under the Family Educational Rights and Privacy Act (FERPA), a federal act which offers colleges and universities several dispensations to protect the privacy of their students. But when ASSEFA began holding press conferences with Morehouse students and alumni who alleged to be victims of and witnesses to similar anti-gay violence, and District Attorney Paul Howard (a Morehouse alumnus) announced a full investigation into the incident, the college relented and portions of the campus police report began to appear in the press.

Even after the attack was indicted as a hate crime by the District Attorney's office, Morehouse officials refused to refer to it as such. The college convened a Blue Ribbon panel, which included conservative, Black, gay, Harvard theologist Peter Gomes, to investigate the incident and assess the level of homophobia on campus. "We don't need a Blue Ribbon panel to call a spade a spade," ASSEFA's infuriated convener, Kevin Bynes, told the press. ASSEFA – whose ranks had grown to include Black, gay activists Craig Washington, Executive Director of Atlanta's Gay and Lesbian Center, and former Clinton administration aide Keith Boykin – did however, make several formal offers to participate in the panel and actively engage issues of homophobia on Morehouse's campus through community forums and workshops. The college refused to communicate with ASSEFA of any or its members.

News of the events faded from the media until Thursday, 5 June 2003, when Fulton County Superior Court Judge Jerry Baxter ordered jury selection to begin in the trial of Aaron Price. The ruling came as a shock to both sides, as attorneys for Price had been in negotiations with the State to come to a plea agreement.

Lead Assistant District Attorney (ADA) Kellie Hill reported that Price's final pleas were non-negotiated ones, between him and the court. "[Price's attorneys] were looking for a sentence total of five years or less." Hill said. Defense Attorney Thomas "Woody" Sampson said that the State did offer them a few negotiated pleas, all with several stipulations, like admitting that the crime was motivated by hate, "which the family decided they just could not accept."

Aaron Price was represented by star attorney Tony Axam, who had defended former Black Panther Jamil El-Amin (H. Rap Brown), Baltimore Raven Ray Lewis and others in high-profile cases. From the start of the trial, Axam and his co-counsel alleged that Love was a sexual predator that intimidated and then threatened Price. Throughout the three-day trial, the 5 foot 2 Price and his attorneys repeatedly referred to 6 foot 2 Love as "sexually aggressive."

In a moving testimony, Price said that around 10.00 a.m., while showering in the bathroom on the first floor of Morehouse's Brazael Hall, Love walked in, pulled back the curtain and stared at him. After an exchange of expletives, Price said Love got into the shower next to him. "He continued to peep at me over the stall and said if I didn't shut up he was gonna kick my ass." Price told the court. "I felt violated and embarrassed."

Price, who with his father had maintained an uncannily jovial air during most of the trial, cried openly on the witness stand. He testified that when he returned to the bathroom with the baseball bat to confront Love, Love charged out of the shower at him. He said he swung at Love several times and missed, before hitting him only once.

Price said that after Love fell, he ran back to his room to call his best friend, Stacy Merritt. Merritt, who co-founded a campus group called M.A.F.I.A. (Men and Faith In Action) with Price, came to Price's room to pray with him. The two then went back to Merritt's room, where Merritt took the bat from Price and told him to call his father. Rev. Price told the younger Price to go to his Aunt Cheryl's house in southwest Atlanta and wait.

The next day, Price's father, pastor of St. Paul's Christian Methodist Episcopal (C.M.E.) church in Chicago, flew to Atlanta. Rev. Price and his son then went to the Morehouse to tender a confession. Both in his confession and again on the witness stand, Price said that he did leave the bathroom at some point during the incident, before returning with the bat. "But I didn't go get [the bat] to hit him with it." said Price. "I just wanted to show him that he couldn't push me around like that."

Prosecutors for the State insisted that, regardless of Price's perception of Love's aggressiveness or intimidation, Price's exit and return with the bat revealed a premeditated and malicious intent to maim Love. "When he left that bathroom, it should have been over." ADA Hill emphasized in her opening arguments.

LOVE OFFERS QUESTIONABLE ACCOUNT OF EVENTS

During the State's presentation, Lead Defense Attorney Axam fired questions and objections at the State's witnesses and case. His defense revealed several inconsistencies in Love's account of the incident, as well as a lack of evidence from the State.

Love, one of the first called to the stand, testified that he was verbally and physically assaulted by Price. "He was enraged," Love told the court. "And just kept yelling,' I knew you were gay! I'm sick of Morehouse and all these faggots!'"

Price's lawyers succeeded in showing that Love made no mention of Price's homophobic remarks until nearly 10 days after the incident, when he delivered his first typed statement to police. Love, in fact, said very little to anyone immediately after the incident. Axam alleged that Love began exaggerating his story only after it received national media attention and he received a visit from Oscar-nominated film director and Morehouse graduate, Spike Lee. However, State's witness Paul King – the Black neurosurgeon that operated on Love – testified that Love was too disoriented from the attack to give a complete statement any earlier than he did.

Love, who maintains that he is not gay, said he only briefly glanced in Price's shower stall because he thought Price was his roommate. However, on Axam's cross-examination, Love admitted that his roommate, David Saderloff – who stayed for weeks at a time with "a friend" in the nearby Magnolia Park apartments – was not on campus that Sunday. Saderloff did not appear in court.

Love wears corrective lenses with a strong prescription, but said he was not wearing his glasses or contacts the morning of the incident because he was in a rush to get to his local church, Total Praise Christian Center, for services. He claimed to use the shower next to Price's "because that shower was known to work." He stated that many of the showers in the bathroom were broken and that the bathroom lights, which required a special key to be turned on, were off. Love testified that two students entered the bathroom just after the attack, but he could not recall either student's name or later identify them.

Morehouse Residence Director (RD) Joseph McNeil, whose apartment is directly across from the bathroom entrance, took the stand just before Price as one of the last witnesses called by the State. McNeil, who admitted that he was asleep when the incident took place, corroborated Price's account of the incident in detail. He could not, however, recall any details of Love's story, and contradicted Love's testimony, stating that the bathroom was brightly lit on the day of the incident and that no keys were needed to turn on any lights.

When later asked if McNeil was a hostile witness, ADA Tamara Ross told reporters, "We didn't think so." Ross claims that the Morehouse employee was previously cooperative, but "changed his tune" once on the witness stand. McNeil testified that shortly after the incident, he knocked on every door on the first floor to question students. He said he found two students – James Bell and Kevit Hilary – who were awake at the time of the attack, but neither overheard anything unusual.

CAMPUS POLICE NEGLIGENT IN INVESTIGATION

Morehouse College Campus Police and Security (MCP) officers further clouded events of the attack, admitting on the witness stand to leaving the crime scene unattended, overlooking evidence, and destroying notes taken of Aaron Price's confession.

continues on page 62

SHIRLEY HORN SAYS: MAY THE MUSIC NEVER END

Legendary vocalist's new album showcases her enduring talent and inimitable style

One of the last great singers of the mid-20th century, Horn shines on this album, her twelfth for Verve. With a select mix of originals and standards, May the Music Never End is a flawless portrait of why Horn's legendary status grows even today.

However, because of health challenges that, for the moment, prevent her from playing, it is the first recording of Horn's career on which she doesn't accompany herself on piano. George Mesterhazy, a protégé of Horn's since his teenage years in Washington, DC, follows Horn's impeccable arrangements and channels her restrained style. Another absent voice is the late Charles Ables, the bass player who performed and recorded with The Shirley Horn Trio for thirty-three years. He is replaced on the recording by bassist Ed Howard, and joined by Horn's long-time drummer Steve Williams.

The opening track, " Forget Me," is a smoldering blues, crackling with desire. It was written by Valerie Parks Brown, a friend and neighbor of Horn's who also passed away this year. Horn originally recorded the song on her 1961 debut album Embers and Ashes. The title track was written especially for her by the composer of her signature song, "Here's to Life," which was also the title track of her best-selling 1992 album.

Her delicious rendition of Duke Ellington's bluesy "Take Love Easy" features Verve labelmate Roy Hargrove on flugelhorn, as does the moody "Ill Wind." Another special guest on the album is the great pianist Ahmad Jamal, who pays Horn rare tribute in accompanying her on two songs. These are historic appearances: the first time Jamal has ever accompanied a vocalist on recording, and perhaps his only appearance as a sideman on any recording.

Other songs on May the Music Never End include a rendition of The Beatles' "Yesterday," the ballad "Never Let Me Go," and the romantic bossa nova sound of " Watch What Happens."

In the 1960s Miles Davis famously jump-started Horn's career by refusing to play at the Village Vanguard unless she opened for him. Quincy Jones produced one of her early recordings. However, it wasn't until the 1990s that she finally achieved international prominence with a series of acclaimed recordings on Verve. Consecutive GRAMMY® nominations for her last eight releases and a Best Jazz Vocal GRAMMY® award in 1998 for I Remember Miles attest to her ongoing preeminence as one of the great song stylists of all time.

May the Music Never End [440 076 028-2]
available on CD June 24, 2003.

www.vervemusicgroup.com

Courtesy of Verve Records

MARINA DUNES
RESORT

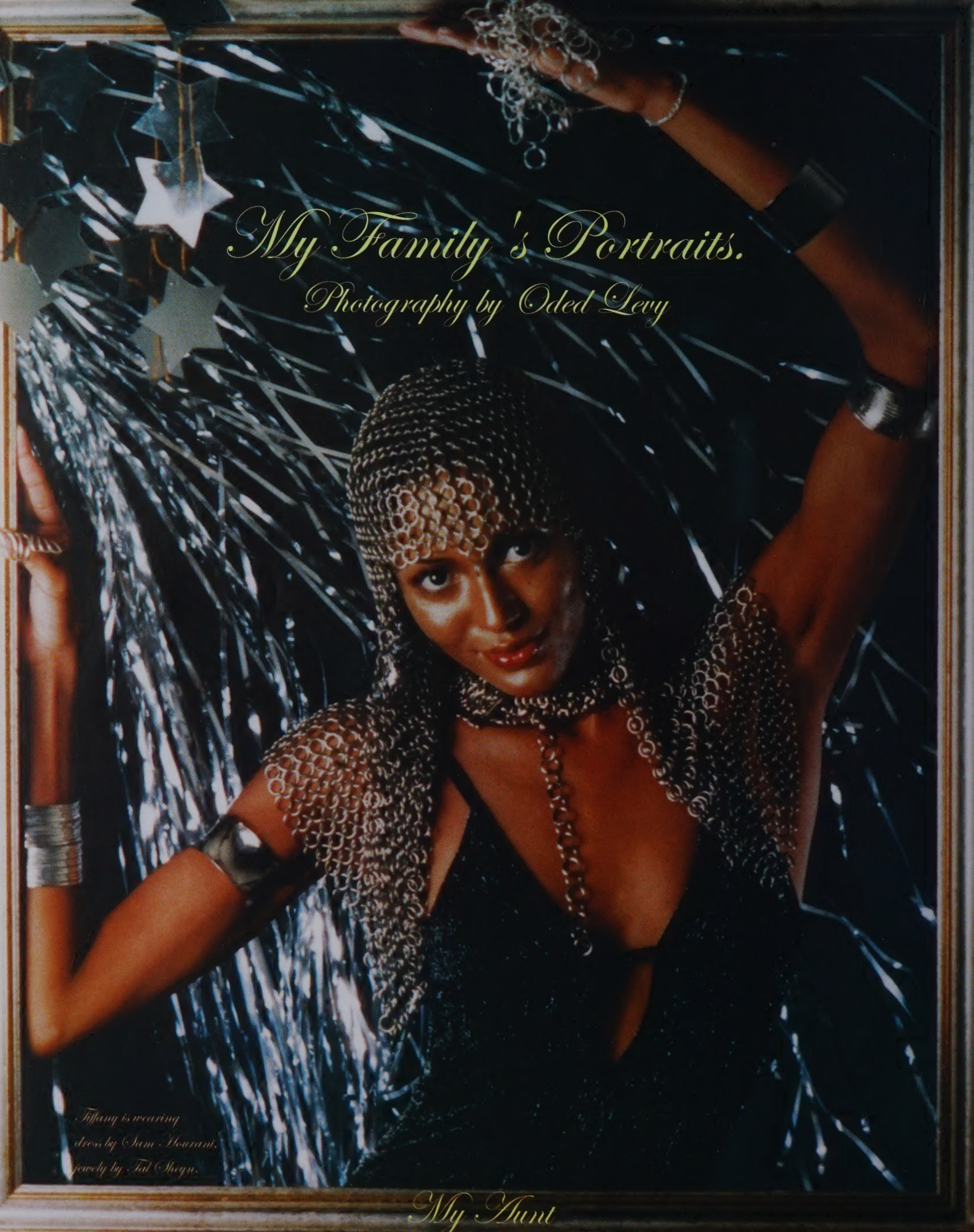
AFFORDABLE ELEGANCE ON MONTEREY BAY

Nestled along the edge of Monterey Bay National Marine Sanctuary, Marina Dunes Resort is unique among Monterey ocean view hotels. Ideally situated between the coastal cities of Monterey and Santa Cruz, you will find our luxurious, beachfront bungalows and junior suites. All accommodations have breathtaking views of the Pacific Ocean or secluded, rolling dunes. Marina Dunes is also a unique and memorable location for a commitment ceremony, banquet or just a peaceful getaway. An experience of exceptional comforts while close to nature along California's Central Coast awaits you.

Monterey Bay, CA (877) 944-3863
www.MarinaDunes.com www.BoutiqueHotelCollection.com

My Family 's Portraits.

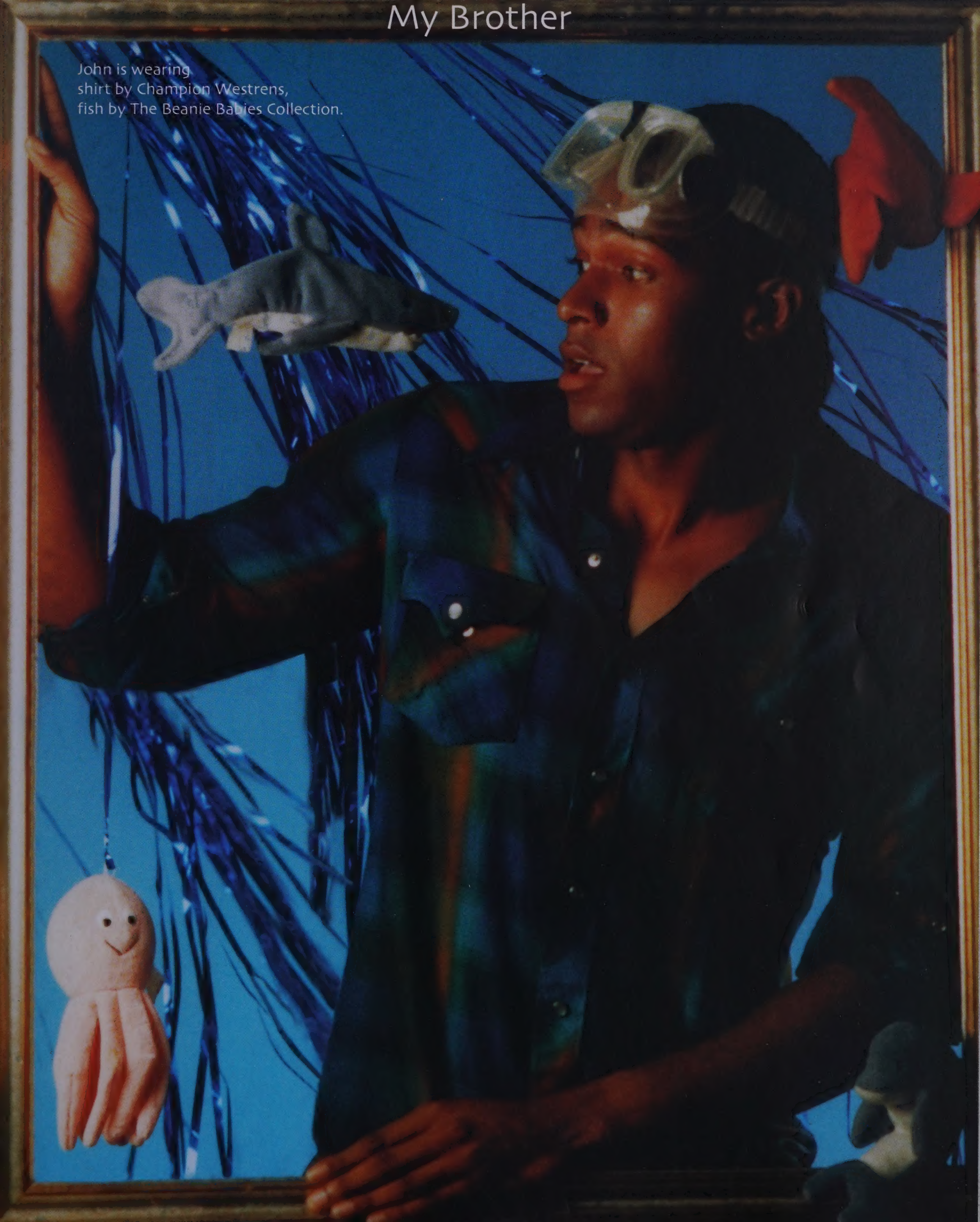
Photography by Oded Levy



Tiffany is wearing
dress by Sam Hourani.
jewely by Tal Sheyn.

My Aunt

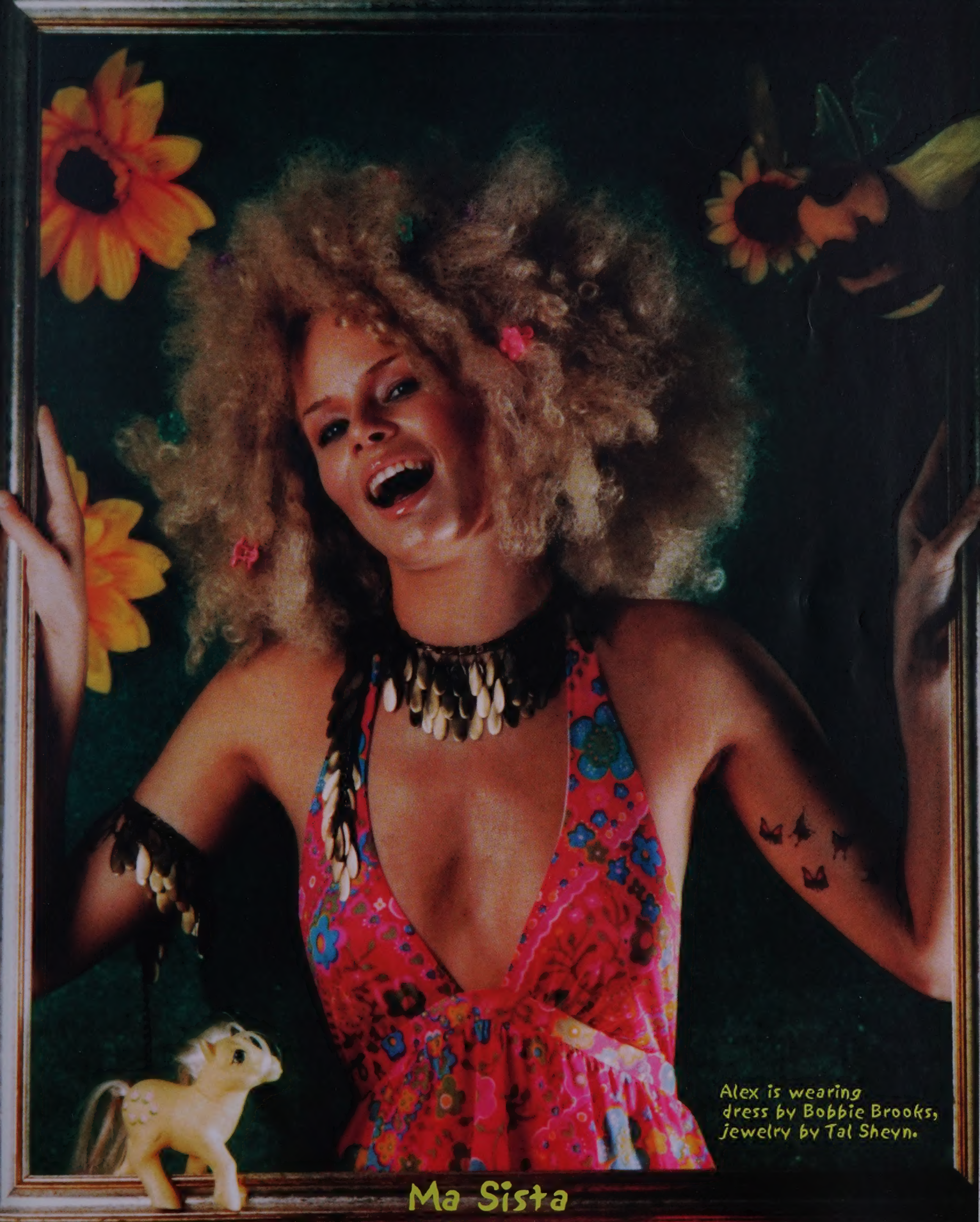
My Brother



John is wearing
shirt by Champion Westrens,
fish by The Beanie Babies Collection.

Shanon is wearing top by Gucci.

My Brother-In-Law



Alex is wearing
dress by Bobbie Brooks,
jewelry by Tal Sheyn.

Ma Sista

My Boyfriend

LOVE
Kiss Me Quick!
then kiss me again and again and again and again
Madre Mia

Federico is wearing
top by Andrew Christian,
underwear by The 99¢ Only,
belt by The London Art House,
hat by Rocky,
jewelry by Tal Sheyn.

My Girlfriend

Vai is wearing
top by Queen Patti,
jewelry by Tal Sheyn.

Tiffany - Wilhelmina / Alex - Warning / Vai - Bloc / John, Shanon & Federico - LA Models.
Make up & hair by Tal Sheyn # 310 801 3505 www.talsheynmakeup.com
Photography by Oded Levy- LAphoto1@hotmail.com # 213 841 3932 www.odedlevy.com

"Fish Food" (food for thought)

Angela Griffin

The Importance of a Liberal Education with a Strong Emphasis on Global Awareness and Inclusiveness

I wrote this statement several days prior to the War On Iraq. Lets keep it real: The Hostile Takeover of Iraq. Simply disgusted, I ask, "When will it stop? Who will stop these capitalist conquistadors?" I very well know the answer. The time has already been appointed. A perfect time.

Intolerance is learned behavior that spans the spectrum: families of origin, religious and educational institutions, athletic organizations and political parties. The list could easily fill this page. Intolerance fuels the flame of hatred, perpetuating separation and entitlement.

The goal of a liberal education which focuses on global awareness is to provide information that will enhance intellectual development and capacity to live freely and fully in the world as one unit. The system that currently exists in this country (United States) does not come even close to meeting this goal. Teaching methods that encourage acceptance, tolerance and inclusion are not the norm. On the contrary, our classrooms fester with denial, intolerance and separation. America prides itself on individuality. Our system is rooted in old guard political perspectives, which in turn are most often rooted in fear. What is taught in the classroom is often what is practiced in the world.

In the traditional classroom, instructors lecture to students as they sit in silence. In defense of this method of teaching, professors claim that classrooms would become unmanageable if students were allowed to freely express themselves. They argue that in controlling the students, classroom safety is maintained. Sounds like an oxymoron. Control and Safe. Resembles macro-management and manipulation of the highest degree. By controlling the students, the classroom is contained, thus reassuring the preservation of old guard values. Norms are comforting. Change is often threatening.

On the other end of the spectrum is the ideal classroom. This class reflects a climate that encourages free expression, constructive and tactful confrontation, critical interrogation, analysis, critical thinking and consciousness and problem solving. To listen and actually hear one another is an exercise in practicing tolerance and recognition. The classroom is an ideal setting to teach grassroots community building, empathy and compassion. In the classroom, every student has a voice and each student should be encouraged to use that voice. This classroom grooms students to actively participate in the world the live in. When students are taught the art of listening and actually hearing one another, they learn to trust, respect and honor one another, which in turn promotes trust, respect and tolerance outside the classroom. Trust is an essential element of effective community building and conflict resolution.

A liberal education that focuses on global awareness encourages students to recognize the complicity in accepting and perpetuating bias. Education should be historically, culturally and politically correct, in contrast to the erroneous impressions that are often disseminated in our classrooms. Impressions that are rooted in fear perpetuate fear and intolerance. Students should be given honest information (differences, similarities, traditions, values customs, hunger, crime, population concerns, environmental issues, health care issues, urbanization, colonization, gentrification, literacy, racism, sexism, homophobia, economics, religion, conflicts and wars) as it relates to other cultures within and outside this country. The truth promotes informed responsible advocacy and action.

Fear breeds bias. Biases are the root of hatred and hatred fuels the desire to separate and destroy. The urge to destroy is the catalyst to war. Students must be taught to respect and honor the reality and experiences of everyone. When the door to tolerance and recognition opens, the prospect of living in a just and peaceful world becomes a manageable goal. Change and transitions are often frightening and painstaking endeavors — so is the idea of going to war. We must learn to live interdependently. Traditional methods of teaching and learning must be changed. If nothing changes, nothing changes.

living in the house of OUR PEOPLE

By Herukhuti

Around the third incarnation of my sexual life I met and loved a brotha, Coltrane. Coltrane was several years older than I, addicted to alcohol, sexy-shy, and a profoundly gifted poet. Early in our relationship he invited me to the home of one of his friends, Leone. Leone was a brotha from the west coast of Africa, an intellectual, and a dark-brown emissary of sexual passion. Yes the three of us had sex many, many times but that's not the issue of this article.

At the time, I was just entering my manhood as a man who loved men. Coltrane and Leone were among my first guides in the company of men who love men. This particular night that Coltrane and I visited with Leone had an enduring impact upon me. These men in their being showed me how men who loved men existed with each other. Leone went to the store and bought food to cook for us. We listened to Black music from nearly every part of the globe. I earnestly looked through Leone's book collection. We ate, had sex, slept, had sex, talked, had sex...but one of the most significant elements of that night was when Coltrane went into the kitchen and proceeded to do the dishes. That action of doing the dishes Coltrane would repeat each and every time we were there. About the second time we were there and he went to do the dishes I picked up on the ritual and did the dishes with him. Washing dishes – what's the big deal right?

building our communities, building our selves

Well what I recognized was that the ritual of the dish washing was a result of the kind of relationship that Coltrane and Leone co-created. The dish washing was an act of reciprocity. Coltrane and Leone had developed roles and reciprocity within those roles that for me was so awe-inspiring to watch and humbling to be initiated into that till this day when I'm with friends that I cultivated since meeting Coltrane and Leone I initiate a dish washing ritual when we have eaten at their homes. The dish washing isn't an empty ritual either. It is one of the ways that I have learned to demonstrate the kind of relationships that I believe men who love men should have with each other.

Now you may be wondering what this has to do with community building or even family. Give me a minute here. Audre Lorde once said that the master's tools will never dismantle the master's house. Although I believe in the truth of the statement, it still leaves certain essential questions unanswered. If the master's tools aren't gonna dismantle his house, whose tools will? And whose tools will build our people's house? I believe that the little, quiet things we do in our personal interactions with each other contribute both to the dismantling of the systems of oppression that we encounter and to the creation of our community and communal family. We are building our house with tools that we have forged.

Marlon Riggs once proclaimed that us loving us was/is a revolutionary act. My experience has taught me that in addition to the political activism, the social service efforts, and the public actions taken by religious and community leaders, the private ways we deal with each other define, develop, and determine the house we have available to us to inhabit. When I am at a bar, club, Black Pride event, or some other function and someone — be they a brother or sister — who sees that I am alone and not yet integrated into the flow of the group comes up to me and says, "hello," in an effort to welcome me into the house, into the family, and I respond with appreciation and warmth, I know we are engaged in an act of community development. Without having to respond to a request for proposals from the Centers for Disease Control or elect a board of directors or hire an outreach worker, we in that moment are doing community development; because our community is made up of people and it is the relationships that we, as people, have with each other that make our community, our family, our house.

Living in the house of our people has not always been easy for me. I have had to challenge certain beliefs, patterns of behavior, and emotional limitations that I held as well as certain beliefs, patterns of behavior, and emotional limitations that have existed in our house. But my commitment persists because this house — with all of its imperfections and dilapidated areas — is my family's house. We are continuing to renovate, add rooms, and landscape the land. This excites me and impassions me. The everyday, quiet, private, little, "dish washing" things that we do to build community really impress me.

Before I go let me not minimize the fact that how we have sex with each other also builds community. Our sexual acts are acts of community development. The decisions we make about sexual value and attractiveness, the ways we treat each other sexually, our intentions and motivations for our sexual actions all contribute to the development of our community and the house we are building.

We are responsible to each other and to the house we are building. We are all living in the house of our people – mind momma's floors.

This column is dedicated to discussion of work and career, leadership and management, organization/community development and institution building. Please email your questions and suggested themes to Herukhuti at: heru@profoundmoments.com. If selected, your question/theme will receive a response in this column.

Heather Headley:

Trinimerican Extraordinaire

"I can't wait for the tour.
I'll drive the bus myself."
– Heather

Where can a voice take you? If the singer happens to be Heather Headley, the answer is simply: anywhere! Blessed with a rare musical ability and a gift for connecting with an audience, Heather has won countless converts throughout her storied career as an entertainer. Already a Tony award-winner, Heather now proves herself a wondrously talented R&B solo artist with her upcoming RCA debut album This Is Who I Am.

Heather worked with a host of top producers on the album, including Jimmy Jam & Terry Lewis (Janet Jackson, Whitney Houston), Dallas Austin (TLC, Toni Braxton), Shep Crawford (Deborah Cox, Whitney Houston, and Britain's D'Influence (Shola Ama, Mark Morrison). Along the way, Heather turned these world-class music makers into true fans, with Dallas Austin saying, "Heather is an exceptional artist with a beautiful voice... working with her was truly an enlightening experience," and Jam & Lewis dubbing her "an amazing voice and talent." On the album, Heather transcended the usual parameters; singing with a degree of finesse and passion rarely encountered these days. With her innate gift of song, Heather Headley is certain to captivate R&B for years to come.

Heather co-wrote several songs on This Is Who I Am, including the upbeat "Fallin' For You," "Sunday," and the moving "Sista Girl." Joining her on the album are such esteemed guest musicians as guitar great Keb Mo' and Jamaican dancehall master Chuckie Star (who takes a solo turn on the song "Fallin' For You"). On every track -- ballad and uptempo -- Heather used one criterion for selecting her songs. "My brain has to connect with my heart and my voice," she says. "It's a simple test I know in twelve bars if I can sing the song or not."

For Heather, who's accustomed to a live crowd, the recording studio posed its own unique challenges. "It's so meticulous," says the singer. "I would have to close my

eyes and picture an audience." The result is twelve stunning performances that collectively announce to the world a new star is born.

Actually, long before now, Heather Headley impressed everyone around her with star potential. Growing up the daughter of pastors at the Barataria Church of God in Trinidad, Heather began competing in performing arts contests at age two, and by age four was playing concert piano. But she also was steeped in the calypso, soka, and reggae of the islands as well as the incomparable R&B music of America, far to the north.

At age 15, Heather and her family left the islands and moved to Fort Wayne, IN, where her father secured the pastorship of a local church. Though the culture shock was great at first, Heather graduated from high school and went on to study Communications and Musical Theater at Chicago's Northwestern University.

In 1997, Heather was offered the opportunity to originate the role of Nala, the feisty lioness, in what would become one of the greatest successes of Broadway History - - The Lion King. During her run with The Lion King, Disney asked Heather to audition for a new musical, Aida, the classic story of a Nubian princess, written by Elton John and Tim Rice. In February 1998, Heather was offered the title role, for which she won a coveted Tony Award.

Now, the self-proclaimed "Trinimerican" is eagerly looking forward to the next chapter of her life "I can't wait to tour," says Heather. "I'll drive the bus myself!" As for the new album, Heather has the highest of hopes and the worthiest of ambitions. "I want this to be an album people can listen to now and ten years from now," says the singer, "something that can exhilarate people and help them through these uncertain times."

The times may be uncertain, but music has always had the power to heal and bring joy, especially in the hands of a brilliant singer like Heather Headley.

PHILIPS
JOINS WITH
DAVID LACHAPELLE
TO PRESENT
ART MEETS TECHNOLOGY
A BENEFIT FOR THE
ELTON JOHN
AIDS FOUNDATION

LaChapelle Photography Uses Philips Technology To Showcase Images

Philips Electronics has teamed up with award-winning photographer David LaChapelle to present Art Meets Technology, a unique photography show to benefit the Elton John AIDS Foundation. The event, was held in New York City on May 29 - 30, and featured a wide selection of LaChapelle's latest unique and provocative photographs and videos presented on Philips FlatTVs™ and Cineos™ television products. At a private opening-night party attended by LaChapelle and invited members of New York's media, art world, celebrities and influential members of the gay community, guests viewed the vivid, avant-garde images displayed on the latest Philips technology. LaChapelle's images and more than $70,000 in Philips products were available for purchase in a silent auction to benefit the Elton John AIDS Foundation.

Award-winning and visual director, David Niles opened his brand new 44,000 square foot event space called "Tribute" located in Lower Manhattan at 24 Broadway. The exhibit was free of charge, but donations will be accepted for the Elton John AIDS Foundation.

"Philips believes that true innovation is the result of deep consumer insights driving cutting edge technology and dramatized by breathtaking designs," said Des Power, general manager televisions, Philip Consumer Electronics, North America. "David's photographs reflect the art of innovation. To show these remarkable images through Philips astounding picture quality, and raise money for such a worthy cause is a perfect match."

The televisions on which the images were shown are the most prestigious of Philips line of plasma, LCD and Cineos televisions, which feature Philips' breakthrough single panel Liquid Crystal On Silicon (LCOS) technology. All of the sets used in the exhibit featured Pixel Plus, Philips proprietary technology that creates high definition images from any source. In addition to the picture quality, all of the products combine award-winning designs with a sleek, modern appearance to enhance the marriage of art and technology.

New York's renowned set designer Ron Norsworthy was enlisted to orchestrate a groundbreaking environment that incorporates the televisions and the art that they will display. The televisions were positioned to portray the images in a contemporary boundary, designed to demonstrate the way that art and technology is not only used by humans but affects and develops human emotions.

"Perfection in color and image is essential to me as an artist," said LaChapelle. "To display my favorite photographs to the public on Philips televisions is indicative of how I feel about these products. The designs of the sets are also remarkably pure, providing a background that truly enhances the photographs that are displayed."

"On behalf of the Elton John AIDS Foundation, we greatly appreciate Philips' generosity and are happy to be partnering with both Philips and David LaChapelle on what is sure to be a visually amazing evening," said Elton John. "I am a great admirer of David's work and of the man himself - I completely adore him."

Osmosis Medialab, a New York-based advertising and marketing agency focused on the gay market, is producing the event.

The images will be shown on a collection of Philips products which will include 15 and 20-inch LCD televisions (15PF9925, 20PF9925), 32, 42 and 50-inch plasma televisions (32FD9954, 42FD9954, 50FD9955) and the new 44 and 55-inch Cineos televisions (44PL9773, 55PL9773), which will be available in June 2003.

About Philips

Royal Philips Electronics of the Netherlands is one of the world's biggest electronics companies and Europe's largest, with sales of $30.1 billion (EUR 31.8 billion) in 2002. It is a global leader in color television sets, lighting, electric shavers, medical diagnostic imaging and patient monitoring, and one-chip TV products. Its 170,000 employees in more than 60 countries are active in the areas of lighting, consumer electronics, domestic appliances, components, semiconductors, and medical systems. Philips is quoted on the NYSE (symbol: PHG), London, Frankfurt, Amsterdam and other stock exchanges. News from Philips is located at www.philips.com/newscenter/usa/.

About Elton John AIDS Foundation

The Elton John AIDS Foundation was established in 1992 as an international nonprofit organization funding prevention education programs and direct patient-care services. With offices in Los Angeles and London, the foundation has distributed over $35 million in grants worldwide. Programs assisted by the foundation include: education outreach, meal delivery, harm reduction models, early testing, and treatment advocacy, legal aid, buddy programs, food banks, hospice care and adoption services. Sir Elton John actively serves as chairman of the foundation.

LASONIC
TRC-931
AUTO STOP SYSTEM

80 BOWERY

About David LaChapelle

David began his photography career by creating fine art images for Interview Magazine and has evolved his photography into an idiosyncratic surrealism. He is known for his groundbreaking use of digital manipulation, futuristic fashion shoots and placing Hollywood celebrities in uniquely imaginative and often compromising and charged settings.

Awarded "Best New Photographer of the Year" by both French Photo Magazine and American Photo Magazine in 1995, David was also named 1996's "Photographer of the Year" at VH-1 Fashion Awards, and more recently received the International Center of Photography's "Applied Photography Award."

Into Living

Us Helping Us
(202) 546-8200

US HELPING US Inc.

My Heart Will Cross This Ocean: My Story, My Son, Amadou
By Kadiatou Diallo and Craig Wolff

I had the honor of meeting Ms. Diallo. I must say that I was a little afraid of the meeting. I mean what do you say to a woman whose child was brutally murdered and the folks responsible for the murder were not criminally punished. (They were acquitted, although the civil case is ongoing.) I am never one to want to have direct encounters with the families of any of these tragic situations, but I was still drawn to Ms. Diallo. I met her right after her interview with Dr. Brenda Wade of UPN 44's Black Renaissance. Dr. Wade began the interview by expressing the same fears that I had, that any book about Amadou Diallo would by the very nature of the circumstances, be depressing. Let's face it — if your son was shot at 41 times by four police officers (nineteen bullets hit him) and you wrote about it, what would be the tenor?

But instead, much like South Africa's Truth and Reconciliation hearings, Ms. Diallo is not searching for retribution, but rather healing. In addition to her moving memoir, she has established The Amadou Diallo Foundation whose "mission is to promote racial healing through activities including programs in schools, that seek to diminish prejudice and racial conflicts and enhance police-community relations. The corporation will also promote educational exchange programs for students and scholars between Africa and the United States. With these purposes, it is hoped that Amadou Diallo's short life and legacy will endure."

I'm not sure what I expected her to look like, but I certainly didn't expect a relatively young woman. Born in 1959, she was married at 13 years old and gave birth to Amadou in 1975 in Liberia. Amadou, at the time of his death, was described stereotypically as "an unarmed West African street vendor." In actuality, he grew up in Liberia, Guinea, Togo, and Thailand. He was well educated and also traveled to France and Japan. He came to the United States in September of 1996 and was killed February 4, 1999.

Upon learning of her son's murder, Ms. Diallo rushed from Guinea, where she was a successful business woman, to New York and noted: "The faceless, hunched-over, soda-selling street vendor...was someone more expendable than the college-bound young man, a world traveler. Worst and most misleading of all, to call Amadou unarmed was to suggest the inverse, that his natural state was armed."

Kadi Diallo was instrumental in keeping peace in New York both after her son was killed and after the verdicts. She stated eloquently: "We want to achieve justice in peace." Her story, told in her beautiful voice continues in her memoir. She traces her upbringing, her faith, and her son's journey to the United States to further his education, his life, her work with the Amadou Diallo Foundation and her life now in the United States in New York.

She is an incredible woman, the memoir is wonderful and the idea of racial healing through educational programs is inspiring. The circumstances of her son's death are indeed tragic, her story and the honoring of his life is peacefully healing. When asked by Terrell Evans of The Source Magazine "What can be drawn from Amadou's life?" Diallo responded: "I want the world to remember Amadou as he is; a very loving and educated young man who had dreams. There are many young men like him, and if you meet a young Black male in the streets, stop and smile at him because you'll never know that there's a beautiful soul behind his face."

Ache.

⁂

In February 2003, the block where Amadou lived was renamed "Amadou Diallo Place."

For more information about
The Amadou Diallo Foundation visit their
website at www.amadoudiallo.com

A One World/Ballantine Books Hardcover
0-345-45600-9
$24.95
www.oneworldbooks.net

HIV COMMUNITY COALITION
of Metropolitan Washington, DC

ACCESS, ADVOCACY, SUPPORT

REPRESENTING...
those infected with &
affected by HIV / AIDS

HCC seeks to present a collective voice on HIV - related policymaking, programs and services, while reflecting diversity of the community it represents.

For more information on our programs and services, contact us at 202-543-6777

BECOME A PART OF...
THE HIV COMMUNITY COALITION'S
Positive Outlook Support Group
10:00 AM - 1:00 PM
contact HCC for more information

HIV Community Coalition of Metropolitan Washington, DC
813 "L" St., Southeast - Washington, DC 20003
202-543-6777 - www.hccmetro.org

Zuna Institute

in the house

I arrived at the Radisson Hotel, Culver City, CA at 1:00pm on Friday, April 11, 2003. I was excited about being at the second National Black Lesbian Conference. My first glimpse was of ten black women at the desk checking into the hotel. The lobby was full of sisters sitting around comfortably talking as if they were in their living rooms. After checking in I went to my room to put my bags down. My friend Janice and I headed for the restaurant on the first floor.

The dining area was full of attendees to the National Black Lesbian Conference: Building Community: Moving Forward. April 11-13, 2003. The vision was of a busy village in the midst of the hotel. After finishing lunch I went to look for the registration area, which I found on the third floor. I stopped along the way to greet my sister friends and get my hugs. Most of the

Friday night there was a talent show and open mike. The evening included comedy, singing, and some powerful poetry. We also honored the elders among us on Friday evening. They received an official recognition of their presence and their meaning to our community. This was an emotional and powerful moment!

There were a variety of workshops on Friday and Saturday, Including: Estate Planning, Removing Barriers for Social Change, Healing Dance Workshop, Drumming in the Spirit: West African Djembe Drumming, Keep An Organization Alive: Community Organizing for the Long Haul, HIV/AIDS Epidemic just to name a few. The conference also featured Panels: Lesbian Health Issues, Getting Married! Having a Family! Understanding Your Rights. My personal favorite was the Panel, The 2003 Political Out look for Us Nationally. The dialogue was intended to focus on our priorities was vital, like sowing seeds for ad-

conference events were on the third floor in a wing that gave us a sense of having our own space. At the entrance to this wing I stood spellbound. Imagine a concentration of Black women full of color and art with the buzz of excitement, anticipation, release and laughter in the air. It was a spiritual experience!

The vendor space was a mini market place. There were free facials and the ability to make appointments for massages and buy self-care products. There was original ethnic clothing and jewelry, information booths related to various organizations and issues particular to the Black Lesbian community. Kings Crossing Publishing, an Atlanta based company had a table where you could purchase their books. Robin G. White, who is co owner of Kings Crossing Publisher, featured her collection of poetry, Resurrection. Also acclaimed mystery writer, Penny Mickelbury was signing her book, Love Notes.

vocacy. A process of reconnecting or turning inward and sharing the positive as well as the challenges we face as African American, as women and as lesbians.

We all fit together! We indeed, "Flexed the power of our collective strength." The conference reinforced a need for community; to take time to build and look at our priorities and unspoken, unrealized needs. The weekend was a time away from usual responsibilities. The atmosphere really felt like a village. There was concentration on really listening to each other, to speakers, to workshop facilitators. An earthquake kind of effect, moving you to the soul.

Saturday evenings banquet nurtured the body as well as the intellect and spirit. Our keynote speaker for the evening was, Akilah Monifa, Arise Magazine's Managing Editor and Director of Communications at KPIX/KBHK Television, the CBS and UPN owned and operated stations in San Francisco. She spoke on the theme of the conference, Building Community: Moving Forward. Another major highlight was the reading of a Proclamation from the California State Assembly, supporting Zuna Institute's conference, vision and mission. There was not a dry eye in the room.

A new and innovative project called, Elders Speak targeting black lesbians over 55, was apart of this year's conference. The Elders Speak Project workshop series focused on conducting an Elder Life Herstory Review, documenting information on the lives, health status, and experiences of Black lesbians age 55 and above. Also apart of the conference was a Youth Track featuring workshops by, for and about Black lesbians ages 18-24.

Now don't think we did not have fun too! We had a fabulous time at the show and dance on Saturday night. There was always much talk and laughter between events and over dinner. Speaking of dinner we found our way to M&M Soul Food restaurant in Culver City. The food was awesome. There was also, Soul of LA Tour, which was enjoyed by all we went.

On Sunday morning we ended the conference with a Gospel Brunch. The keynote speaker was, Jewelle Gomez, noted writer, activist and poet. She is well known for the double Lambda Award winning novel, THE GILDA STORIES from Firebrand Books. Jewelle Gomez was eloquent in her speaking, captivating the audience. Personally what I received from Ms. Gomez was a confirmation that there is power in being different. She quoted one of our most revered writers Audrey Lorde, reminding us that," our silence will not save us."

I asked Francine Ramsey, President and founder of the Zuna Institute what comments she had about the second National Black Lesbian Conference, 2003. Here is her reply: "WE are excited about the success of this conference. The information gathered from the Elder Speak Project and the health survey is the adhesive that we need to support the necessity of a national black lesbian agenda. The presenters represented organizations from as far as New York and Boston. The conference like the first signifies that we need to have a place where we as black lesbians can come together to share ideas and strategies. Our brunch keynote, Jewelle Gomez gave a resonating speech reminding us that we are different and being different to me (Francine) means we stand out above the rest!"

The National Black Lesbian Conference has made an indelible mark on herstory. Everyone that attended takes with them the privilege of being on the ground floor of an emerging, expanding, grassroots movement. Our visionary journey to bring a Black Lesbian agenda to the national forefront is closer to realization. As a community we will continue to move forward!

Ache

Marva C. Edwards,
June 2003

PRIMARY HIV INFECTION

Eric S. Daar, M.D.

Director, Division of HIV Medicine

Research and Education Institute, Harbor-UCLA

Associate Professor of Medicine

David Geffen School of Medicine at UCLA

Primary or acute HIV infection represents the earliest stage of HIV disease. Usually within 2 to 6 weeks of an exposure to HIV, an infected individual will develop high levels of virus in blood, and their body responds by partially controlling the amount of circulating HIV. The symptoms of primary infection can differ from person to person, most often being a "flu" or "mono-like" syndrome with fever, muscle and joint aches, sore throat, and occasionally rash, and diarrhea. In some the symptoms are very mild, while in others they can be so severe that they seek out urgent attention in an emergency department. Regardless, the illness will ultimately resolve without treatment and the person will then remain without any symptoms for many years.

How is primary HIV infection diagnosed?

Primary HIV infection can cause a variety of symptoms, therefore anyone who is at risk for new HIV infection that has recently developed a "flu-like" illness should be considered for primary infection testing. Since HIV is being spread to many groups in the community, anyone who has shared needles in the last several months, or has had sexual exposures with persons that are not known with certainty to be HIV negative (and it is difficult to know this with certainty about anyone) should be considered for testing. This should include standard HIV antibody tests, and if negative be followed by other tests for the virus, such as p24 antigen and/or viral load. In fact, since people with primary infection may not yet have antibodies in their blood, the diagnosis often needs to be made with one of these other specialized tests. This testing strategy should be limited to those with symptoms of primary infection, and not used in those who have had a possible exposure to an HIV-infected person and are worried.

Why diagnose primary HIV infection?

The main reasons to diagnose primary HIV infection is that these individuals are often either not tested, or if HIV is considered they are only tested with routine antibody assays and the diagnosis is missed. This will definitely delay access to care for these people. In addition, newly infected individuals have recently been exposed to HIV, and thus have exposed others to infection as well. If not informed of their status, they may well continue to unknowingly transmit HIV to others. In fact, many of the new infections occurring in the community may be between persons who are newly infected and unaware of their status. An additional reason to identify persons with primary infection is to study the body's initial response to the virus and discuss with them the potential benefits of short term anti-HIV therapy during this stage of disease.

Why should someone consider starting HIV treatment during primary HIV infection?

There has been a great deal of interest in the potential benefits of initiating anti-HIV therapy during primary HIV infection. Although prompt initiation of treatment during primary infection has not been able to "cure" people of HIV, other potential benefits of treatment are being explored. It turns out that early anti-HIV therapy allows the body's natural immune system to remain strong against HIV. In fact, preliminary data shows that those treated during primary infection may be able to stop therapy after several months and control the virus off medications. Although this has not proven to be the case for everyone treated early, it is being further studied, along with a variety of new strategies to improve the chances for enhanced viral control off therapy. Therefore, at this time those with primary HIV infections should be counseled regarding the possible benefits of early treatment, and explained why scientists believe this may be a once in a life time opportunity for some.

Conclusion

Diagnosing primary HIV infection is very important if persons are to be informed of their HIV status and provided early access to care and counseled regarding how to prevent spread to others. Although the benefits of early HIV treatment are still being studied, those identified at this stage of infection should be provided the available information, and if possible, referred to clinical studies. It is only by identifying these persons that we will be able to learn more about HIV infection, better understand the body's initial response to the virus, and determine the potential role for early anti-HIV treatment.

Persons with recent onset of symptoms that may be consistent with primary infection or those known to have become HIV- infected in the last 12 months who would like to learn more about research related to recent HIV infection should contact Jacqui Pitt, RN, Research Coordinator, Harbor-UCLA Medical Center at (877) 303-9082.

HIV NEGATIVE AFRICAN AMERICAN AND LATINO MEN!

WANT TO DO SOMETHING TO HELP YOUR COMMUNITY?

WE ARE LOOKING FOR AFRICAN AMERICAN AND LATINO MEN :

-18 to 45 years of age
-HIV-Negative

This is a or you to take part in the largest long-term study on HIV in the United States. Since 1984, the men in Multicenter AIDS Cohort Study (MACS) have helped researchers and their communities understand how HIV is spread, how the disease progresses, and how it can be treated.

For more information or participation, please call: (310) 222-3773

Financial Compensation Available To Study Participants

REI RESEARCH & EDUCATION INSTITUTE *at* HARBOR-UCLA MEDICAL CENTER

Take Part In The MACS!

where more than just
cherry blossoms come out

WASHINGTON
DC
THE AMERICAN
EXPERIENCE

washington, dc

diversity is in bloom year round in washington.
for more info on great things to do in dc,
call 800.422.8644 ext 327 and request the
glbt travelers guide or visit www.prideindc.org.

celebrate the freedom to be. join us for
Cherry Circuit Party, May 2–4
Black Lesbian & Gay Pride, May 23–26
Capital Pride, June 1-8

Washington, DC Convention and Tourism Corporation

continuation from page 27

Lieutenant Dovetta Davidson, the MCP officer placed in charge of investigating the incident, testified that, though trained in crime scene investigation at the Atlanta Police Academy, she did not visit the Brazael Hall bathroom herself or order it cordoned off or photographed by her staff. While several officers reported seeing drops of blood on the bathroom floor, no blood samples were collected.

Security Officer Render White, the first officer to respond to the scene, testified that he collected no evidence. He also reported standing in the crime scene shower and closing the curtain with his hands, while RD McNeal tried to determine how much of White could be seen by someone standing outside.

Morehouse's Chief of Police Vernon Worthy, a retired Atlanta Police Department Major with 28 years of experience, testified that he "had access to tape recorders" when Aaron Price came into his office on 4 November to confess to the crime, "but did not use them." Worthy then allowed Price to leave the MCP Station. After telephoning Price's best friend Stacy Merritt for the 32-inch, Wilson tee-ball bat used in the attack, Worthy waited "a couple of days" for Merritt – who lives on campus – to show up with the evidence. "I felt he was going to do what he said." Worthy testified. The police chief did admit that the child-sized bat is "considered a weapon" and "not allowed on campus."

Both Worthy and Davidson testified that though they took notes of Price's confession, they threw them out after writing summaries of what was said.

The Love family has a civil suit pending against Morehouse for their handling of the incident. Family friend Bobby J. Smith said that the college took little action regarding the incident without constant pressure from Love's mother, Ruby. Throughout the trial, no one's intensity matched Mrs. Love's, who sat silently each day with her arms folded and her eyes fixed on Aaron Price. Her husband and Love's father, Homer, was also present.

After McNeil and Morehouse Police's damaging testimony, the State rested its case, deciding not to call Resident Assistants (and students) Katim Shair-El and Niles Summerville, who rode with Love to the hospital, or Price's best friend Stacy Merritt.

Things appeared to be going the Defense's way until Price himself was cross-examined by ADA Hill. In about 40 minutes, Hill tripped the former United Negro College Fund scholar up in his own testimony no less than six times.

"You were angry that Mr. Love looked at you in the shower," her soft barrage of questions began. "And that's why you went to get your bat."

"No, Ma'm." Price replied. "I didn't know I was going to get my bat."

"So when you went to your room, you didn't know you we're going to get your bat?"

"No, Ma'm."

"Did you walk to your room?"

"Yes, Ma'm."

"So you had to think about it."

"Yes, Ma'm."

"And you did get your bat and go back to the shower."

"Yes, Ma'm."

"Where was your bat?"

"In my room. In my closet."

"And when you were in your room, in your closet, looking for your bat, you didn't call Stacy Merritt to pray then, did you?"

"No."

"Did you call your father?"

"No."

"Did you knock on RD Joe McNeil's door and say 'Mr. McNeil, I've got a situation in the shower and I need to go confront it. I'm being bullied, but I feel threatened. Can you come with me?"

"No."

"Did you have any reason to believe Mr. McNeil would not have assisted you?"

"No."

Hill kept an even tone as she continued her cross-exam. She paused each time Price contradicted himself or previous statements to the police about the incident, letting his answers hang in the air. The courtroom, packed by reporters, Morehouse students and alumni, clergy, court interns and friends and family of Love and Price, roiled with whispers. Bailiffs repeatedly called for order and Judge Baxter threatened to eject everyone from the room.

A confused Price, first admitted, then recanted being "cool, calm, and collected" when he hit Love with the bat. Hill made Price get out of his seat and re-enact the events he described. During the re-enactment, Price admitted to hitting Love more than once.

When Price denied being angry at Love or assuming that Love was making sexual advances towards him, Hill produced a letter that Price had written and signed earlier this year, appealing his expulsion from Morehouse. In the letter, Price alleged that he did perceive Love to be making "sexually suggestive gestures" towards him in the bathroom that day. Amidst a flurry of objections by his lawyers, Price and Hill went back-and-forth several times, with Price contradicting the letter and Hill directing him to re-read it.

When Hill was done, the Defense decided to rest its case without calling any other witnesses, including those whom Defense Attorney Thomas Sampson promised would testify to "Gregory Love's faulty character." Price's best friend, Stacy Merritt, was also not called. Merritt was the first person known to see Price after the incident, and was expected to testify that Price came to his door with "a busted lip" from fighting with Love.

In her closing arguments, ADA Kellie Hill traced the history of civil rights, ending with a quote from Morehouse's most famous graduate, Dr. Martin Luther King, about the measure of a man. She recited the quote once for the jury, and then walked to Price's table and recited it to him. "The ultimate measure of a man is not where he stands in times of comfort and convenience," she said. "But where he stands in moments of adversity."

PRICE FAMILY AND FRIENDS DEVESTATED

B Before reading his ruling, Price's friends and family lined up to beg Judge Baxter for leniency. One of the most emotional pleas came from Aaron's best friend, Merritt. The strapping student's voice trembled. "We all make mistakes." he said. On his way back to his seat, Merritt went to hug Price, but was pulled away by police officers and carried out of court.

The judge made no move to hide his disgust with Price and his attorney's presentation of their defense, interrupting each person's plea for leniency to admonish them for attempting to place attack victim Gregory Love on trial.

Lead Defense Attorney Axam accepted full responsibility for the Defense's strategy of portraying Love as a bully. Co-counsel Kevin Franks admitted to authoring the letter that Price perjured himself over during cross-examination by ADA Hill. "Well, who told you what to write in the letter?" Baxter retorted. "Who came up with this Defense strategy? I still don't see Mr. Price taking any responsibility for anything."

Gloria Price was stoic and dry-eyed as Judge Baxter sentenced her son. A few minutes later, however, when the proceedings ended, she would not stand. She began crying, and family members had to hold her up as she exited. Mrs. Price stood outside the courtroom, faced the wall, and cried for nearly half an hour. "Why is this happening?" she repeated again and again. "Why did they take my baby?"

MIXED MESSAGES

Although Price was found guilty of aggravated assault and aggravated battery, the jury did not find Price's attack on Love a hate crime, which meant that Judge Baxter could not 'enhance' Price's sentence with additional years under Georgia's two-year-old hate crime law.

ASSEFA leader Kevin Bynes noted it "ironic that the first person being tried for hate crime in this southern state's history is a Black man. " Baxter sentenced Price to two ten-year terms – one decade for each charge – but ordered them to be served concurrently.

Georgia's Hate Crime Statute author Senator Vincent Fort (District 39, Fulton County), claimed the verdict as victory for gay rights. Fulton County DA Paul Howard, who sat in on the trial's final day and spoke for the family at a post-trial press conference, said the sentence "sends a strong message." He reported that in Georgia, the average sentence for a first offense of assault or battery is two to five years.

Many local and national gay groups, however, were not similarly pleased. Some view Judge Baxter's sentence as a display of unwarranted leniency towards the former college student. Price faced up to 40 years in prison for the two charges.

In a statement issued after the verdict, Morehouse President Walter Massey said the imprisonment of the former student "only adds to the tragedy of this incident." Massey said: "Morehouse remains committed to our efforts to foster an environment on our campus where no act of violence is tolerated -- regardless of its motivation."

Allen Thornell, executive director of Georgia Equality, said the case marked some progress on the issue of gay rights and hate crimes. "It wasn't so many years ago that it was illegal to be gay in Georgia," he said. "There has been a slow awakening to these issues. And the education process isn't complete."

Aaron's father, Rev. Jerome Price, was the pastor of Atlanta's West Side C.M.E.Church for ten years. Several West Side members who watched Aaron grow up, along with Georgia and regional C.M.E. bishops, filled the courtroom daily in a show of support. As spectators cleared the courtroom that third day, one church member turned to a group of effeminate men sitting behind her and said, "Well I guess y'all can take over now. We're living in Sodom and Gomorrah."

Defense Attorney Thomas "Woody" Sampson, a Morehouse alumnus himself, said he truly believed that his client's assault was not motivated by hate. "There's an unwritten code among men that, when you go to the bathroom, you don't look at each other." he said. "The media took all this talk of a hate crime and used it to blow this case out of proportion before it ever got to trial."

Many Morehouse students and Atlanta residents also seem to agree that the attack was not a hate crime. Respondents to an Atlanta Journal-Constitution poll voted two-to-one that Price should have been acquitted of the hate crime charges. One caller to Atlanta's nationally-syndicated Frank Ski Morning Show, said: "These homosexuals today know they look at men in the shower, and they should be ashamed. James Baldwin wouldn't have done that."

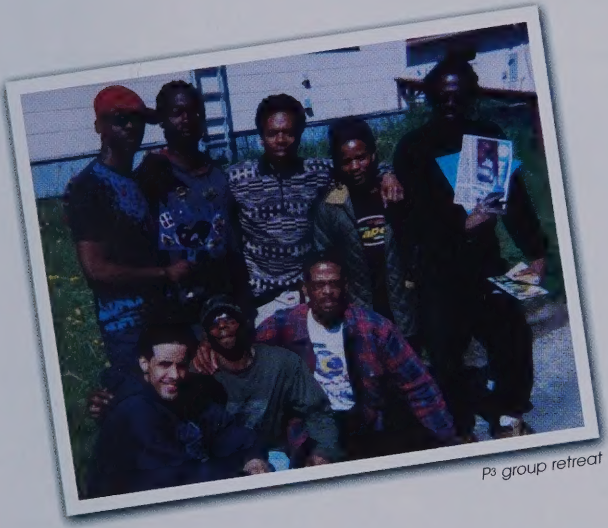
Former Atlanta Gay and Lesbian Center Executive Director Craig Washington told reporters that his excitement about the ruling is tempered by the fact that another Black man is going to prison. "It is a test of our mettle as men who are both Black and gay, how we respond in seeking justice of anti-gay crimes perpetrated by a fellow Black men." He concluded.

apeb committed to your healing

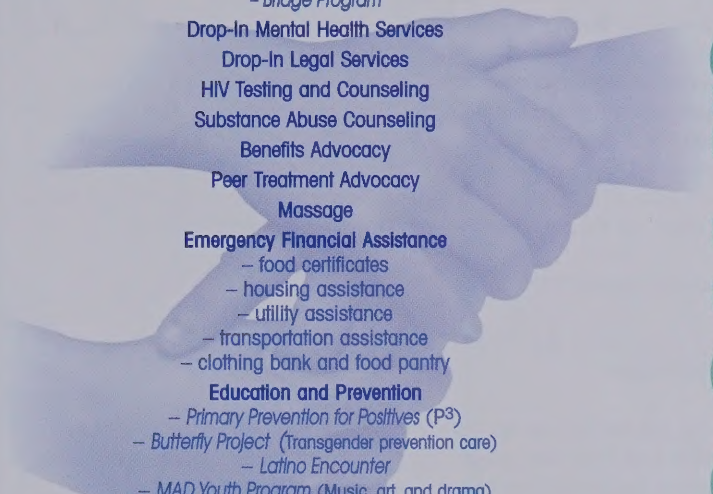
Clients First!

We're renewing our commitment to you.

Gala re-dedication ceremony and unveiling of newly-renovated facility on June 28, 2002. Please call for details.



P3 group retreat



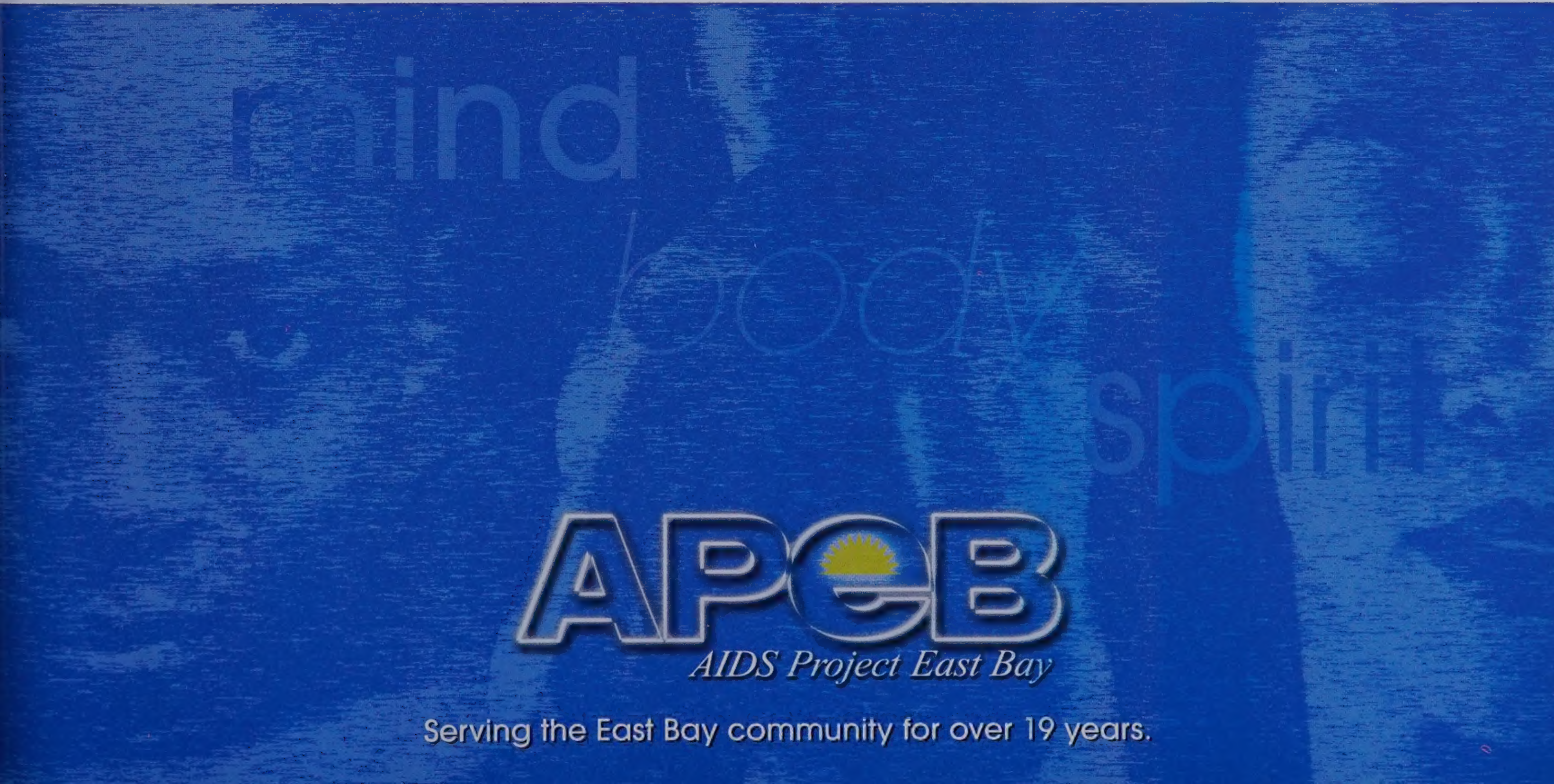
Services:

- **Primary Healthcare/Wellness Clinic**
- **Case Management**
  - *Bridge Program*
- **Drop-In Mental Health Services**
- **Drop-In Legal Services**
- **HIV Testing and Counseling**
- **Substance Abuse Counseling**
- **Benefits Advocacy**
- **Peer Treatment Advocacy**
- **Massage**
- **Emergency Financial Assistance**
  - food certificates
  - housing assistance
  - utility assistance
  - transportation assistance
  - clothing bank and food pantry
- **Education and Prevention**
  - *Primary Prevention for Positives* (P3)
  - *Butterfly Project* (Transgender prevention care)
  - *Latino Encounter*
  - *MAD Youth Program* (Music, art, and drama)
- Men's Services Network
- Women's Support Group
- *New Beginnings* (for the recently incarcerated)
- *Healing Solutions* Think Tank

All services are provided at no cost to clients.

Office: Mon.–Fri. 9a.m. to 5p.m. **Clinic:** Mon.–Fri. 11a.m. to 7p.m.
Please call for workshop and support group schedules.
1755 Broadway, 2nd Floor, Oakland, CA 94612
voice 510.663.7979 • fax 510.663.7980 • info@apeb.org • www.apeb.org

Celebrating Our Community Since 1983



APEB
AIDS Project East Bay

Serving the East Bay community for over 19 years.

the courage to love

Dear Zwazzi & Naomi,

I'm feeling scared and ashamed right now: last night my boyfriend and I got into a big argument, which got more heated as the night went on. Then he said something that crossed the line and, before I could stop myself, I hit him. I've never done anything like that before; I didn't grow up with it in my home, and never thought I'd become "one of those men." How can I make sure this never happens again?

Signed, Rochester, NY

Dear Rochester,

Good for you for asking for help immediately. Too often couples act like fights just "happen" to us: like thunderstorms, they spring up out of nowhere, last until they're over, and we're left to clean up the damage (and there is always damage). Believing we're not in control allows us to avoid responsibility. But the reality is, there are many warning signs to escalation. We can learn to recognize each one, creating choices, and opportunities to interrupt long before we do – or say – anything we'll regret. We are in control, and we do have to take responsibility. Find Anger Management classes/workshops/groups in your area that offer tools, techniques and support. Shop around for a couples' counselor who has expertise in domestic violence. Break the secrecy by sharing with several close friends. You can nip this in the bud by telling on yourself, getting counseling and– by any means necessary – committing to whatever it takes to make sure this never happens again.

Dear Zwazzi & Naomi,

Not every time, but sometimes when my wife and I argue we end up in physical fights: she hits me, and I hit her back. She says this is normal, but I'm not so sure.

Signed, Should I be Worried?

Dear Worried,

You already know this is a problem. You can try to make it seem smaller by calling it "physical fights," but domestic violence (no matter what form it takes) is a serious – and sometimes deadly – problem in our community. You both need to get help NOW – and don't wait for her.

- Call local domestic violence shelters/hotlines for advice, counseling, referrals (you can call the National Hotline at 800/799-7233 for resources in your area).

- Several police departments now have domestic violence specialists who can offer advice and referrals.

- Find a counselor or therapist who specializes in domestic violence.

- Break the silence: tell close friends/family who care about you what's happening.

This is urgent: act as if your house were on fire.

Many of us grew up in families where violence was tolerated, accepted and/or normalized and (un)consciously we recreate that in our own intimate relationships; it's known as the inter-generational cycle of abuse. As a community, we can break the slave mentality of doing what has been done to us; we must have zero tolerance, and recognize that this problem belongs to all of us and not just to an isolated couple or family.

IN THE MEANTIME MEN'S GROUP, INC.

JAN King Day Celebration

FEB Black AIDS Awareness Day

DEC Anniversary Kwanzaa

MAR Spring Gala

OCT The Black Party

SEP Three Day Retreat

APR AIDS Candlelight Vigil

JUN Summer Garden Party

AUG Barbecue in the Park

JUL In the Meantime at the Beach

AUG Black Men's Health Conference

Community

Creating unity and affirming our common bond

Culture

Coming together to share in our rich history

Celebration

Giving thanks for our lives and giving back to our community

Communication

Creating the dialogue

A place where you can always find us

- International Discussion Board
- Brothers Reaching Brothers Discussion Group

For more information email us at inthemeantimemen@aol.com or call us at 323-860-8858.

Karkula

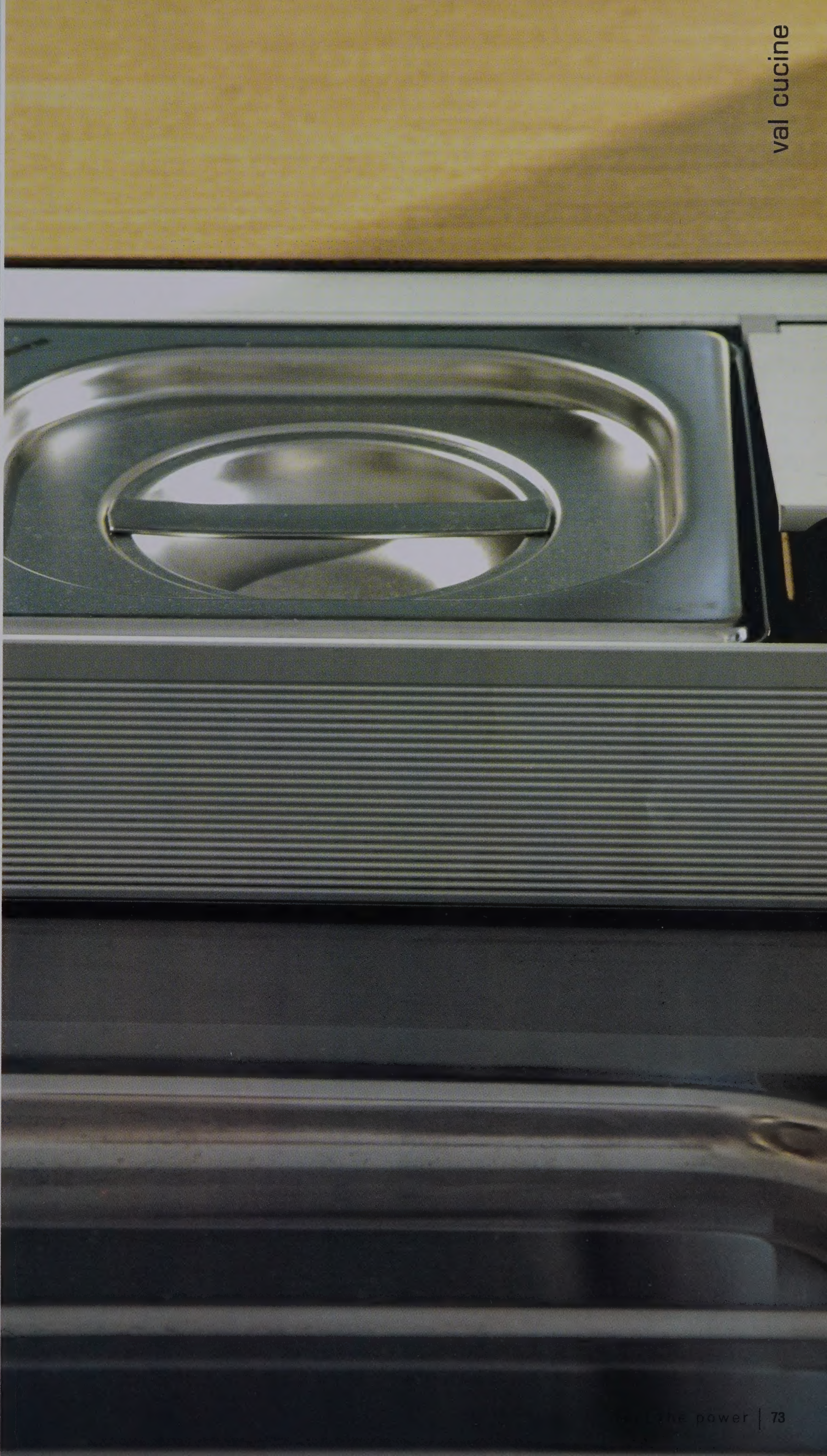
By David Jacquot

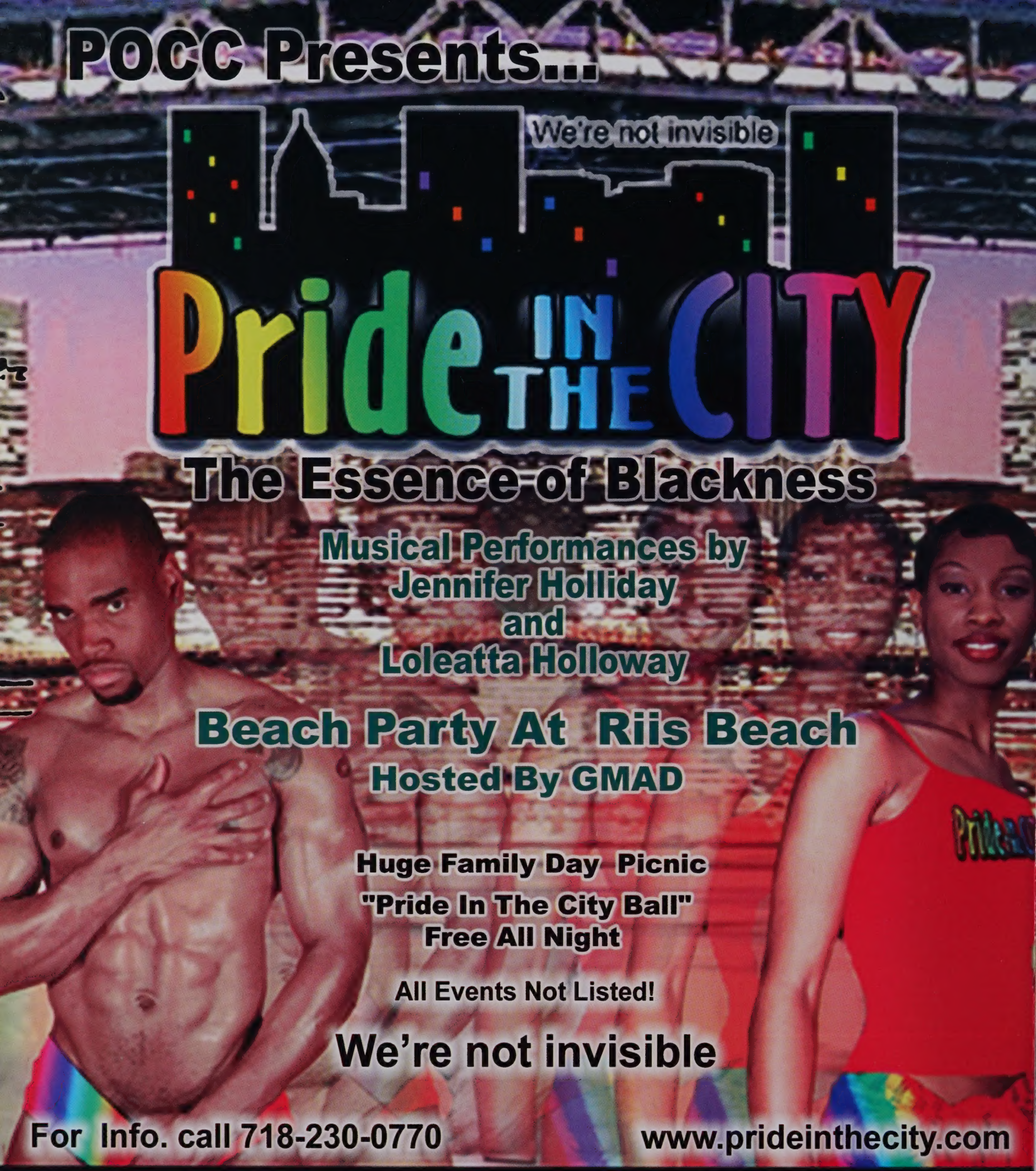
www.karkula.com

val cucine

val cucine

val cucine





POCC Presents...

Pride IN THE CITY

The Essence of Blackness

Musical Performances by
Jennifer Holliday
and
Loleatta Holloway

Beach Party At Riis Beach
Hosted By GMAD

Huge Family Day Picnic
"Pride In The City Ball"
Free All Night

All Events Not Listed!

We're not invisible

For Info. call 718-230-0770

www.prideinthecity.com

P.O.C.C

HARLEM UNITED

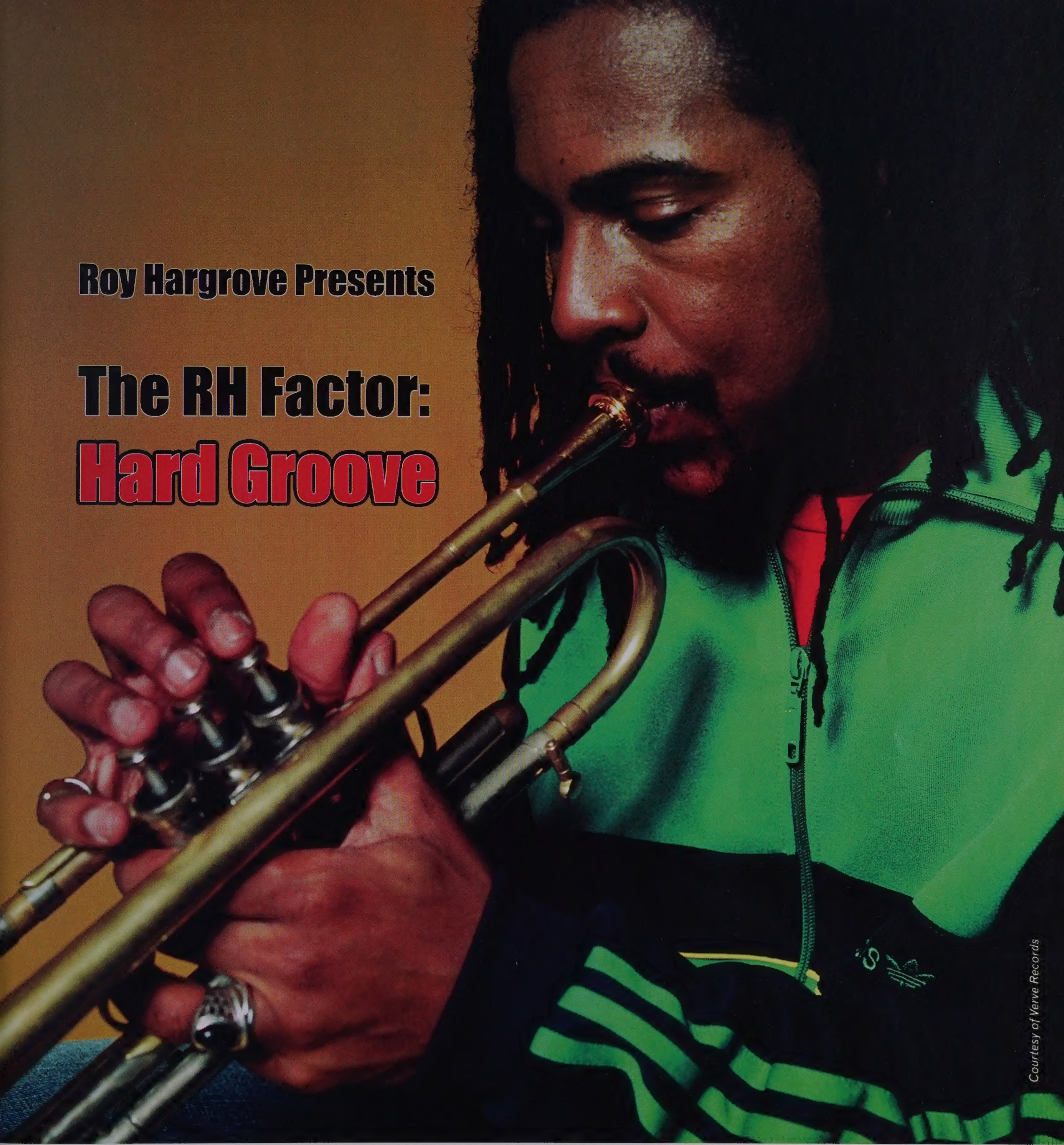
G M A D
GAY MEN OF AFRICAN DESCENT
EMBRACING DIVERSITY/BUILDING COMMUNITY

Unity Fellowship Church NYC
BROOKLYN
1992-2002

African Ancestral Lesbians
AALUSC

Roy Hargrove Presents

The RH Factor: Hard Groove



Courtesy of Verve Records

trumpeter/composer **Roy Hargrove** may be only 33 years old, but in just 14 years as a professional, he's established a reputation as one of the most versatile and hardest working players in jazz. Check his resume: nine albums as a leader and two more as a co-leader. He's led quartets, quintets, nonets and a big band. In 1996, he went to Cuba, recruited some of the island's finest players (including piano legend **Chucho Valdes**) and recorded the Afro-Cuban jazz landmark and Grammy® winning Habana.

Over the last three years, the trumpeter has ventured into the black pop mainstream as a collaborator; first with neo-soul godhead **D'Angelo** (2000's Grammy®-winning Voodoo album and tour) then via guest shots on albums by **Erykah Badu, Common** and the Red Hot AIDS awareness organization (Red Hot + Riot). On May 20th, Roy Hargrove makes his own musical mark on this world with the 14-track Verve release The RH Factor: Hard Groove.

Conceived, composed and produced by Hargrove, Hard Groove assembled some of the most respected young R&B dons and divas **(D'Angelo, Anthony Hamilton, Erykah Badu and Stephanie McKay),** jazz/neo-soul/jam band players **(Marc Cary, Steve Coleman, Gene Lake; James Poyser, Pino Palladino, Bernard Wright; Karl Denson, Jacques Szwarcbart)** and hip hop MCs **(Q-Tip, Common)** recording today. "I just wanted to open a door that would allow the musicians involved in jazz and the musicians involved in the R&B/hip hop mainstream to form some music that would have no limit," explains Hargrove. "It's like a merging of those two worlds."

On "Common Free Style" ("Since I was a shortie/Used to drink forties/Now I'm drinking some kind of water/And supporting my daughter, y'all") Hargrove supports the rapper's freewheeling wordplay with double-tracked horn baps, squiggly wah-wah trumpet and spacey flugelhorn.

On "I'll Stay" the rhythm section lays down a **Sly Stone**-like slow vamp throughout, **Cornell Dupree** sprinkles in gossamer guitar obligatos, while Roy's plaintive horn solo fuels D'Angelo's **Bobby Womack** like musings.

On "Poetry" Roy and Karl improv on the head of **Freddie Hubbard**'s "Little Sunflower" and spin it into a brand new hip hop love song via Q-Tip's sweet name-checking floetry, **Meshell Ndegeocello's** eddying bassline, Gene Lake's snap/slap drum beats and Erykah Badu's rhythm divine vocal.

From the hot 'n sour piquancy of the title song to the slinkily lubricious "Forget Regret" to the quiet storm of "Liquid Street" to "Out Of Town's" **M-Base**-meets-**Weather Report** and the misty-eyed album-closing lullaby "The Stroke." The music on *Hard Groove* exceeds even the trumpeter's optimistic expectations by a quantum leap.

Roy Hargrove was born in Waco, TX on October 16, 1969. Inspired by the gospel music he heard in church on Sundays and the R&B and funk music that played on the radio, Roy began learning the trumpet in the fourth grade. Somewhat of a prodigy, he was playing at an advanced level of proficiency by the time he reached junior high school. During that time, jazz saxophone legend **David "Fathead" Newman** performed at his school. After that, all Roy wanted to do was improvise like him.

By age 16, he was studying music at Dallas's prestigious Booker T. Washington School for the Visual and Performing Arts (fellow alumni: **Erykah Badu** and **Norah Jones**). Midway through his freshman year, Roy was "discovered" by **Wynton Marsalis,** who was conducting a jazz clinic at the school. Greatly impressed by youngblood's skills, Marsalis facilitated an audition with Ft. Worth's *Caravan of Dreams Performing Arts Center* where he ended up supporting **Hubbard, Dizzy Gillespie, and Herbie Hancock.** During his senior year, Roy was hired by **Frank Morgan** for a European tour.

In '88, the trumpet phenom moved east to study music at Boston's Berklee. He lasted but a year -- spending more of his time bumrushing NY jam sessions and gigging with **Bobby Watson, Ricky Ford, Carl Allen and Superblue** than hitting the books. In 1990 he released his major label solo debut, RCA/Novus's Diamond In The Rough. Four albums/years later, RH dropped his Verve debut, the critically acclaimed With the Tenors of Our Time (featuring **Joe Henderson, Stanley Turrentine, Johnny Griffin, Redman and Branford Marsalis**). Stylistically, every album Hargrove has released on Verve has been different from the one preceding it. Family, Habana, Moment to Moment – have all been Grammy® nominated artistic/critical/commercial triumphs. At this year's Grammys®, Roy, **Herbie Hancock** and **Michael Brecker** won the award for Best Instrumental Jazz Album for Directions In Music.

The RH Factor: Hard Groove represents a turning point in Roy Hargrove's definitions of the music: "Personally this represents the passion that I have for the music to want to take it forward. That feeling alone made me realize that this was a spiritual event and that it was something that was history -- something to be remembered That's what the record is -- opening a new door. And this is only the beginning. There will be more episodes to come."

◆

Roy Hargrove Presents:
RH Factor: Hard Groove
[440 065 192-2]
available
May 20, 2203 on CD.

For more information,
contact:
J'ai St. Laurent-Smyth,
212.331.2047
[jai.stlaurent-smyth@umusic.com]
Lauren Fox, 212.331.2021 [lauren.fox@umusic.com]
Paula Witt,
Shore Fire Media,
718.522.7171 x 26
[pwitt@shorefire.com]

www.ververecords.com
Images available at www.umvd.com

August 28—September 1

2003

Atlanta Black Gay Pride

www.inthelifeatl.com

404.872.6410

Weekend to include:

- Workshops
- FREE Health and Wellness Fair
- Poetry Slam
- Black LGBT Prom (ages 18-25)
- 3rd Annual Stand Up and Represent Black Pride March and Celebration
- Community Luncheon and Panel Discussion
- Celebrations
- Candlelight Vigil
- Black Pride Market Place

ATLANTA
2003
Black Gay Pride
ITLA
UJIMA Collective Work and Responsibility

Call now for special discount rate at our NEW host hotel, the Sheraton Colony Square Hotel. $85.00 + TAX includes parking. Call (888) 625-5144 and mention In The Life Atlanta

For discount airfare contact Delta Airlines at 1-800-241-6760 and mention file number 195273A

For discount car rental contact Hertz at 800-654-2240 and mention CV# 022Q1263

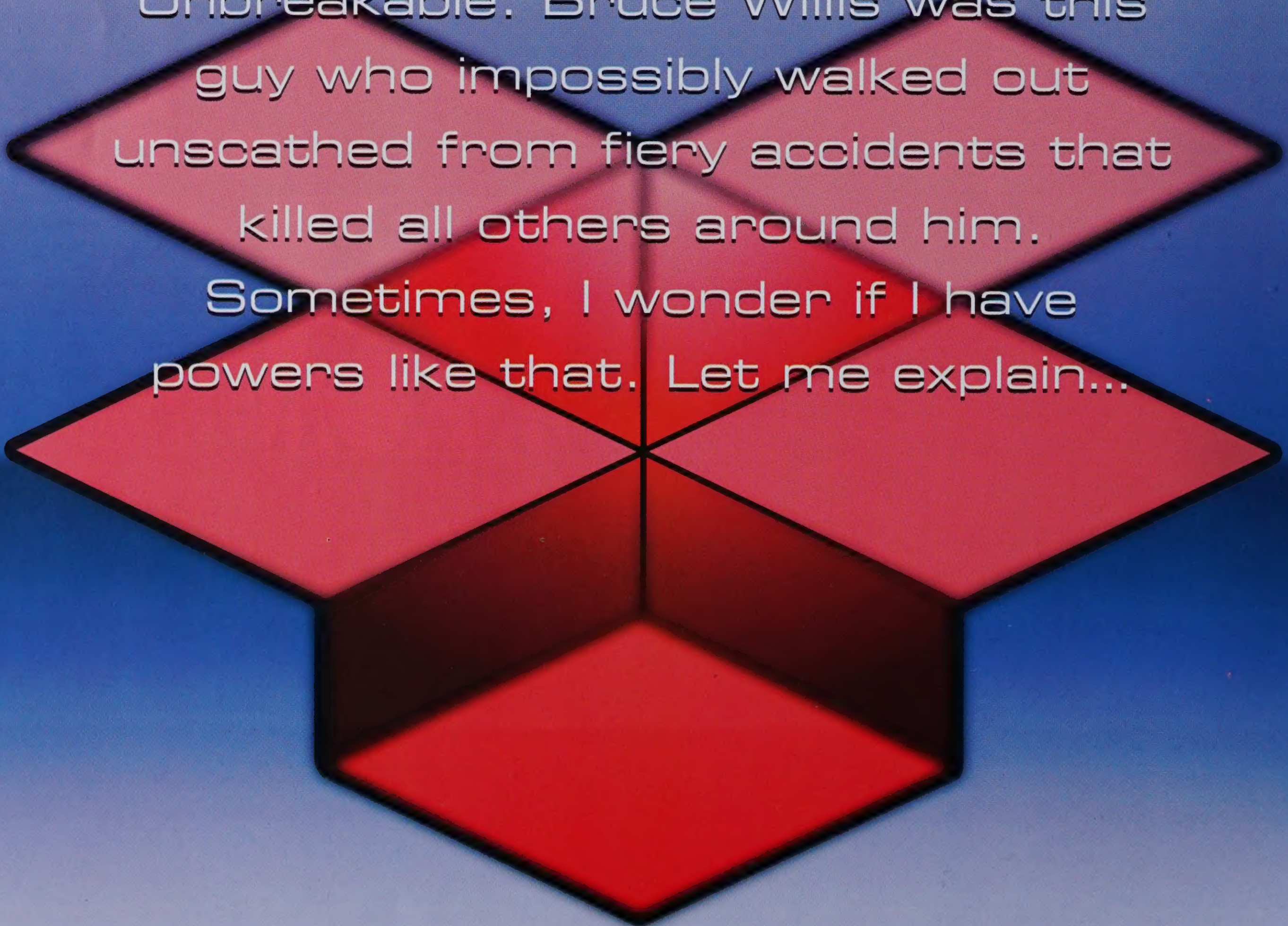
Current Sponsors: Out and Advocate Magazine • Human Rights Campaign •
• Sheraton Colony Square Hotel • Venus Magazine • Georgia Equality •

I'M NOT CRAZY;

I JUST LIKE TO THINK OUTSIDE THE BOX!

Brent Carpenter

There was this movie called Unbreakable. Bruce Willis was this guy who impossibly walked out unscathed from fiery accidents that killed all others around him. Sometimes, I wonder if I have powers like that. Let me explain...



It was one of those rare 72 degrees days last February. I was outside with no shirt or shoes on, playing with one of my dogs. My mother freaked out, insisting that I would catch a cold, contradictory to the viral nature of such illnesses. I politely reminded her that in three years I had survived pneumocystis pneumonia, nummular eczema, and mycobacterium avium complex, not to mention a deadly aortic aneurysm and a bipolar disorder-induced nervous breakdown. I asked her if she really thought a mere cold could take me out. Nothing short of the atom bomb would be required to rid the world of my black ass. "Darling," I sneered haughtily, "I am unbreakable!"

Despite the optimism of that statement, something happened this past summer that rocked me to the foundation of my hyperbolic perception. I found out that a friend of mine named Shawn had committed suicide. Consumed with some unknowable depression and despair, the poor bastard went into the basement of his house and hanged himself. No one came looking for him for eleven days.

What in God's name was going on in his head? On the surface Shawn seemed to have so many things going for him. He was good-looking, apparently healthy, well endowed, had a steady job, his own house, and a nice car. In juxtaposition to all this, however, mutual friends have told me that he suffered deep self-esteem problems because of rejection by his family. He hated his job. There was an alleged drug problem. The final straw apparently occurred when his dog ran away. "Even my dog hates me," he said.

What was most disturbing to me about this was my own past feelings of depression. Unlike most people who claimed to have had a nervous breakdown, I have paperwork documenting mine. After being dumped by my lover of seven years, I crashed and burned like a meteorite. I checked myself into a mental health facility and was diagnosed with manic depressive, obsessive-compulsive bipolar disorder. It took two psychiatrists, two therapists, three years and various anti-depressants to pull myself together, and I'm still not completely right in the head. Humpty Dumpty never had it so good.

Mental health seems to be hanging on as one of Earth's last taboo subjects. I find it particularly amusing when people ask me, "How are you?" and I respond, "Lousy," and they reflexively say, "Gee, that's great!" No one is accustomed to hearing an honest answer to that question because there exists rampant disaffection and an unspoken rule in our society. No one wants to know or hear about your pain. Which brings us back to Shawn. I really didn't know him well. In the early 90s, we met, kicked it a few times, then lost touch with each other. When I ran into him again last May, things were markedly different. He was very bitter and exhibited an inexplicable hostility toward me that I felt was unwarranted. Irritated and confused, I dismissed him as just another jerk with issues.

When he later called me to offer what sounded like a half-hearted apology, I blew him off, figuring that he was just narcissistically trying to placate me long enough to get some sex. Less than a month later, he was dead. Of course, it would be foolish of me to entertain notions of responsibility or guilt. Clearly, there were many larger factors other than our minor *contretemps* at play in the weeks leading up to Shawn's death. But still, I wonder now, far too late, if he reached out for help in some imperceptible way to any of his so-called "friends," only to be rebuffed with jarring indifference. Could that phone call have been a turning point that might have made some small but pivotal difference in his state of mind?

Oddly enough, during our initial reacquainting conversation, he told me that perhaps what I had suffered wasn't a *breakdown,* but rather, a breakthrough. It was a defining moment that forever changed the way I viewed my mental heath. Rather than falling apart, maybe I was instead coming together, psychically reconfiguring in some new stronger paradigm. Maybe I wasn't crazy, after all; maybe I just like to think outside the box.

With Shawn's words and, sadly, too, with his death, he helped me realize that I may not really be unbreakable, but I am a survivor. I wish sometimes I had accepted that apology. Who knows, maybe the opportunity would have presented itself in which I could have been a true friend and returned the favor, and helped him realize things may not have been as bleak as they seemed.

I'm sorry, Shawn, that I, and the people around you, let you down.

AMASSI Center is a non-profit 501(c)3 incorporation, and member of the Better Business Bureau of Los Angeles

Health, Wellness & Cultural Center

AMASSI

BLACK PEOPLE LET THE HEALING BEGIN

GET YOUR FREE AMASSI MEMBERSHIP CARD TODAY

AMASSI MEMBERSHIP BRINGS FREE* SERVICES & REWARDS:

FITNESS, WEIGHT TRAINING, KAROBICS, SELF-DEFENSE
(Sessions for men, women & co-ed)

LIFE GUIDANCE & MENTAL WELLNESS COUNSELING
(Individual, family, couples, youth). *These services are **free** and sliding-scale (pay what you can)

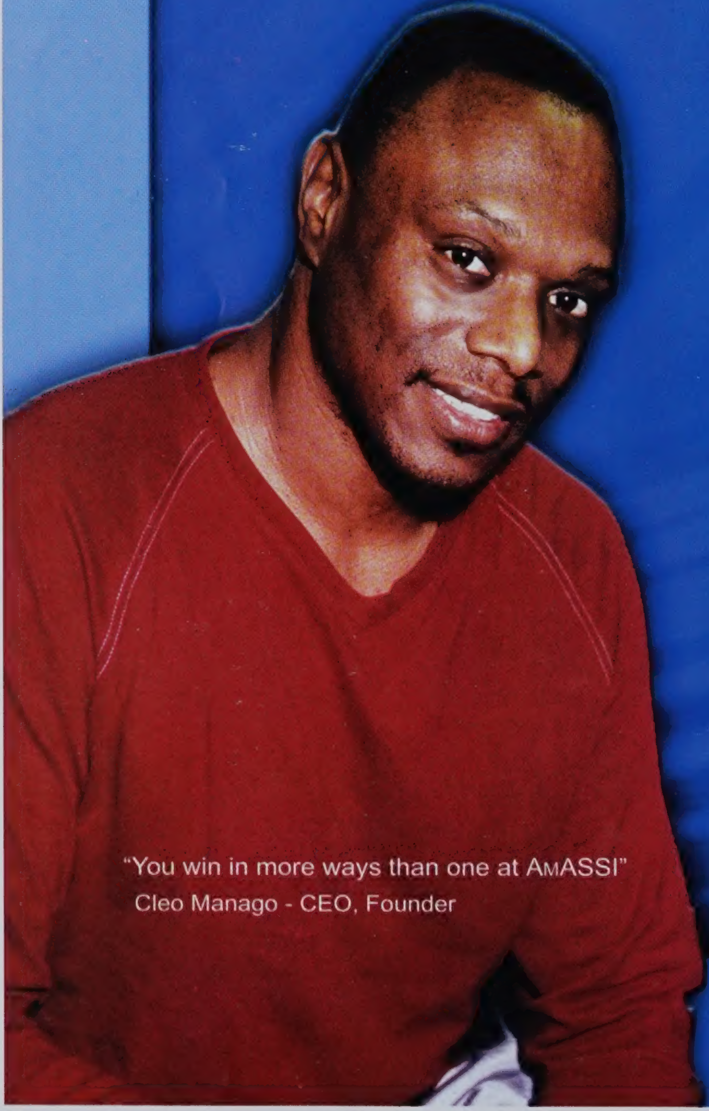
MATH & LITERACY TUTORING CLASSES

HIV/AIDS RISK & SPREAD REDUCTION WORKSHOPS, CONFIDENTIAL TESTING & PRE-POST TEST COUNSELING

CULTURAL ACTIVITIES/SPEAK OUTS/CONCERTS

YOUTH RITES OF PASSAGE

EMPOWERMENT GATHERINGS AFFIRMING OUR DIVERSE COMMUNITY (SGL, heterosexual, bisexual)



"You win in more ways than one at AMASSI"
Cleo Manago - CEO, Founder

9 THINGS TO DO TO BE A HEALTHY AFRICAN-AMERICAN

BE A CRITICAL THINKER and aware that in media (film, television, newspapers, magazines, etc.), public and private educational systems (schools) and some advertisements there are messages that may lead Black people to believe we are not as beautiful or as valuable as others.

Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" its growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected – get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

FREE MEANS FREE. THERE ARE NO HIDDEN GIMMICKS. WIN PRIZES FOR ACHIEVING HEALTH. AT AMASSI, WE BELIEVE OUR COMMUNITY DESERVES EASY ACCESS TO GOOD HEALTH, WELL-BEING, SELF RESPECT, SOLUTIONS & PROSPERITY!

AMASSI Health, Wellness & Cultural Center - National Headquarters
160 S. La Brea Ave., Inglewood, CA 90301
310.419.1969
1.800.786.7448 toll free

Los Angeles
New York City
Oakland/BayArea
Johannesburg, South Africa

www.amassi.com

AMASSI
Health, Culture, Affirmation

SUBSCRIBE NOW!

12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE

Redefining Family for Ourselves

By Clarence* J. Fluker

The day I redefined family stands out in my mind although it happened what seems like ages ago. I had not yet entered junior high school nor had I placed a label on these feelings that I had for members of the same sex. I was still very young and naïve at that time, an innocent child. I remember the moment however like it was yesterday. I had spent the night at the home of a classmate. He and I were inseparable and had grown very close as the school year progressed. Even though I had spent much time with him, his mother and brother, I hadn't quite figured out their relationship with the other woman who lived in the same house.

Saturday morning during breakfast I sat at the kitchen table eating my cereal while my friend was peeling a banana and explaining to his brother our plans for the day. It was not an uncommon seen by any means. My friend's mother came downstairs and began fixing herself a fresh cup of coffee and asking us all how we slept the night before. A few moments later the woman who lived in the same house entered the kitchen through the back door, wiped her feet and began walking toward the counter where my friend's mother was preparing her cup of coffee. It was a typical morning scene in my eyes. This could have been anyone's home so I thought. But when my friend's mother was done adding her sugar and cream to her coffee she looked over to the woman standing next to her, the woman whose relationship to the family I had yet to discern for myself, and kissed her with her mouth open, took a deep breath and then proceeded to drink her morning coffee. Suddenly I knew the relationship between the woman and my friend's mother. These two women were more than friends. They were lovers.

I never asked my friend any questions about what had transpired in front of me or how he felt about the situation. I didn't ask him any sordid questions about the logistics of their relationship or how it was introduced to him. I was old enough to start doing my own math and after adding a few facts together I was quite sure that they were lesbians. But I was also young enough to immediately be able to look beyond the scene that I had just witnessed and not reduce them to two lesbians in the middle of the kitchen floor kissing in front of children. I saw it as two heads of a family sharing their love and starting off their day, an act that was and is something quite natural. Despite only seeing images of men and women together or independently raising children as single parents my entire life, it only took that one positive firsthand experience to lead me to expand my vision of what family is and can be. A family doesn't have to be a man, woman and children.

next generation

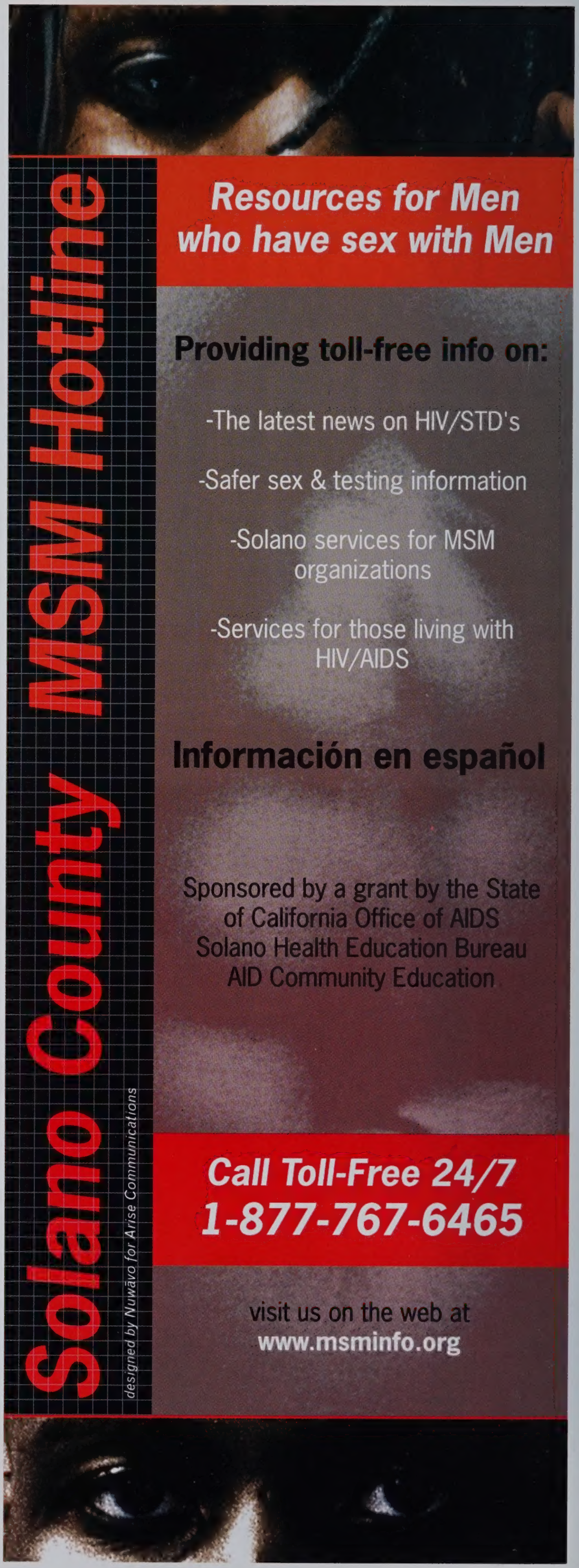
A family can be two men or two women and children. A family can be nearly anything you want it to be as long as it is full of genuine love, respect and care.

Things are not what they used to be. Times have definitely changed and all over the world gays, lesbians, bisexuals and transgender persons are redefining the construct of what makes a family. Today my mother sits at home in Cleveland with the idea that her gay son whom she loves so much will one day adopt and bring into her house a beautiful grandchild that she will love as if it were her own blood. Through natural birth or adoption we are daily redefining an institution by being out, proud and giving of our love.

Last year the Friday before Father's Day I read an article in the Washington Blade about a man in the Metro area who would be spending his second Father's Day with his adopted son. The story touched me and I found myself staring for hours at the photo of the man and his son imagining what type of father I would one day be and how much love and guidance I believe I could provide to another human being on their journey through this life. I spoke with many friends and family members and learned that I already knew several people who were in the beginning stages of the adoption process. I also talked in-depth to one of my closest friends, a lesbian who had a son through natural birth several years ago. She admitted that not all people were amiable to her choice to raise a child and not hide her sexuality, but offered that she had received more positive feedback than negative. Despite the apprehension of some of her family she knew she was a woman with love to give and that she would be able to provide a good home.

Just as we cannot be afraid to love the man or woman we choose to spend our lives with and challenge our society to see and accept our love as real, we cannot be afraid to create our own families and challenge society to see and accept them as lasting and viable.

As young people looking ahead and planning our future, let us not ever forget our tremendous capacity to give something so pure, so genuine and so natural as unconditional love to children who need it. Some of us may have our own biologically, some of us may inherit ours through circumstances among our brothers, sisters and other kin and some of us may choose to adopt, but we must never forget that it does takes a village and we are members of that village. We must continue to work for the collective good of the community. We must continue to redefine family. Most importantly we must give love where we can and where it needs to be given.



Solano County MSM Hotline

designed by Nuwävo for Arise Communications

Resources for Men who have sex with Men

Providing toll-free info on:

-The latest news on HIV/STD's

-Safer sex & testing information

-Solano services for MSM organizations

-Services for those living with HIV/AIDS

Información en español

Sponsored by a grant by the State of California Office of AIDS
Solano Health Education Bureau
AID Community Education

Call Toll-Free 24/7
1-877-767-6465

visit us on the web at
www.msminfo.org

Discover Our Love in San Francisco

Monthly Events

Black and Silver

Come to this ongoing potluck to celebrate growing older, getting wiser and staying young at heart.

AIDS Health Project, 1930 Market Street @ Laguna Street
5/4 Sunday 3pm & 6/1 Sunday 3pm

Black Like This

An urban art symposium to unify the black gay/bisexual community through art and artistic expression. Come share your art, dance, music, drama, hip hop, drag, performance art, poetry, beautiful spirit...or just watch the show!

STOP AIDS Project, 2128 15th Street @ Market Street
5/12 Monday 7pm & 6/9 Monday 7pm

Soul in the Woods

Join us for an amazing day in the SF Presidio to get outdoors and share our experiences as HIV- and HIV+ men. Rain or shine, we'll provide the gear to keep you safe, warm, and dry.

STOP AIDS Project, 2128 15th Street @ Market Street

with Black & Silver (older men) **5/16-17 Friday 7pm, Sat 9-6pm**

with Q Action (under 25) **6/20-21 Friday 7pm, Sat 9-6pm**

Special Events

Black Trade Obsession **5/28 Wednesday 7pm**

Men who have sex with men, substances, dl men, playas, playa haters , the money games, tricks and the trade - it's the deal. Is it your deal? What are the politics in the black trade thang?

STOP AIDS Project, 2128 15th Street @ Market Street

A Night with Tim'm West **5/30 Friday 7pm**

Our black pearl, Tim'm West author of ***Red Dirt Revival - a poetic memoir in 6 Breaths***, joins Our Love for an exquisite unforgettable night. Come as we heal, love and grow. **STOP AIDS Project, 2128 15th Street @ Market Street**

Have We Got Our Backs? **6/28 Saturday 1pm**

Too many of us are getting infected with HIV. How can we overcome such obstacles like environmental racism and homophobia within our communities to take better care of ourselves and of each other? Let's get to work.

STOP AIDS Project, 2128 15th Street @ Market Street

Join this summer of Our Love with more events in July & August.

Check out our website: www.ourlove-sf.org

our minds | our bodies | our stories | our love

OUR LOVE is the black men's program of the STOP AIDS Project

For information on our events and volunteer opportunities, visit www.ourlove-sf.org or call Rickey at 415.575.0160 ext 273.

binga

by Richard L. Mack

Vibrant hues and intense color values dance with luscious silhouettes of male physiques to create art that draws it strength from multiple mediums. Combining photography with digital art, the artist creates images that appear three-dimensional at times. This is the life and business of Richard L. Mack, also known as 'Binga,' drawing upon a familial heritage of entrepreneurship, personal global travel and a desire to establish his own company.

Following a tour in the Navy, Mack headed for the traditional work world. After a six-year stint, the artist, gone entrepreneur elected to return to his first passion, photography, when faced with a declining and changing job market.

"I started working for a commercial airline for nearly six years. I had minimized my time with my art, and concentrated on playing catch up on the corporate ladder. Yet, I felt like I was separated from a twin. After 911, things became increasingly tight and layoffs were inevitable."

"Over the years I've read many magazines, and was always in awe of the stories about up and coming black companies run by individuals whose background stories resembled everything that I was feeling and experiencing."

Mack, or "Binga" as he is known by his business pseudonym, took on the challenge of creating art and marketing the products himself. Binga's fierce determination to succeed compelled the artist to create a line of photography in museum quality prints, greeting cards, and wearable gear serving as the Chief Executive Artist/Officer.

Binga will tell you that he followed the leadership exemplified by other sisters and brothers armed with belief, hope and confidence created their own dreams.

"Up to this point I had thought many times, that I needed and wanted to be CEO. Thanks to all the articles of other blacks who have stepped out on faith, I opened 'Artistry Thru Photography' and Binga-Art as a subsidiary." Without the benefit of financial backing or planning, (mostly unemployment checks) the artist gave birth to his vision.

Binga combines ingenuity, authenticity and innovation in artistry and business. His is goal is straightforward and simple.

"I am a strong believer in empowerment among Black Americans and particularly the Black Gay Community. Before I can truly set an example, I have to be an example."

To learn more about Binga Art contact: Richard L. Mack –Binga: President, Artistry Thru Photography, 117 Kensington Ave, Jersey City, New Jersey 07304, 201-521-9594. Check out www.Binga@Binga-Art.Com

THINK
BEFORE
YOU EAT.
GO VEG FOR LIFE
PeTA
Why is Common eating a veggie burger?
Find out by visiting GoVeg.com or calling 1-888-VegFood

Dear God: You Don't Have To Move My Mountain, Just Give me the Strength To Climb

Written by Sundiata Alayé

It was exactly what I needed. When I needed it. And God knew it. It came at a time when I had nothing left in me to give, or think about or do. A time when disappointments mounted and I was feeling the devastating effects of life taking its toll. Even with all I know about healing the spirit by simply asking for a miracle – a change of mind and a shift in perception – I was finding it difficult to navigate through a thick cloud of despair that left me hurt, angry, and in a static state of near depression. Life was humbling me, and causing me to realize that I am still in my infantile stages of spiritual growth and development - a student of life still, human and vulnerable, teaching what it is I need to learn.

The issues took root first when my board of directors, a virtuoso of wounded Brothers, and I had serious disagreements over the administration of an AIDS service organization I resuscitated from near death. They decided that the issues faced by our community were not as urgent as their own need to feel in control and powerful over their own out of control, powerless lives. I left the organization, reluctantly, feeling devastated at the continued and potential loss of life that this would mean for my staff, our clients, and our community. It would take months to find my way to forgiveness and understanding.

Not soon after, a relationship with a beautiful Brother I was hopeful about transformed in a matter of minutes. The Brother, beautiful, kind, and generous with an overwhelming sense of spirit could neither see nor understand, even for his own sake, the absolute need to heal the years of pain, insecurities, and self-hatred that had culminated in high risk sexual behaviors that exhibited an obvious disregard for his own life and health. I had no other choice but to gather all of the loving energy I could to release him to his world, knowing that it takes just that, all of the love that we're capable of surfacing within us to let someone go. Still, I had a lot of spiritual work to do – the work required after the transformation of a relationship – that helps one reconcile lessons each were brought together to learn. Answers would not come easy. It would take months to resolve.

And then the final blow; my father, my beautiful father, made his transition out of this world. So many things left unsaid, so many things left undone, so many open wounds left unhealed. I kept my composure as I wrapped up the details of a commitment I was in the process of completing and took the next available flight home. After the services, and without ceremony or pageantry, the permanence of never seeing him again hit me like a ton of bricks. I had experienced many losses before, but this was new – a sensation I had never felt before. By the time I returned home, this and all of the other pains, disappointments, and anger began to take its toll. The walls were starting to close in and I could feel myself slowly falling apart. I prayed for release of the torment, but something in me knew I had to get away.

Months before my father's passing, my dear friend Anan, a Sister of Egyptian decent, had invited me to join her and her family on their yearly journey to Egypt. I had toyed with the idea when she first mentioned it to me, but with two new books waiting in the wings, a list of booked lectures, and other life commitments grounding me, I found it difficult if not impossible to sacrifice the time. One day I realized that I had not written a single word in months. Each attempt at doing so would result in my sitting in my study, pen in hand, with nothing moving through me. It was as though my hands would not let me write. I had nothing good to say about the condition of our community, the condition of our Brothers, nor of the condition of HIV and AIDS service organizations in this country. My disappointments were so deep that I didn't know if I would ever write again. And I was miserable. Writing has not only afforded me a good living, but it has touched people in ways I would have never imagined. Writing was always my therapy, my peace, and without it I didn't know what would become of me. I prayed for release and direction, and continued praying as the long days became longer and my sadness lingered.

It wasn't until I found myself one night, sitting in complete darkness on the living room floor wanting to cry but unable, wanting to yell, but voice muffled that that realized I was in need of change, radical and swift. I took a deep breath, dropped everything I was doing, and called my travel agent.

A couple of weeks later, I was on my way. I gathered all of my angst, my hurts, pains, and along with my journals, and the manuscript to my new book, boarded a flight from New York to Cairo. As I settled in for the thirteen-hour ride to East Africa, I thought about all of the past year's traumas and tragedies, and asked God for new direction and renewed purpose. I asked for clarity and the ability to see past the wounds of others to see only the wounds of my own that these experiences exposed! I asked that I be free of the guilt in me – the guilt I was experiencing for being angry and judgmental against others – and I asked that the anger I held would only stay long enough for me to truly see that this anger was rooted in loveless thoughts that I was willing to have healed. I spent the rest of the flight in meditation and prayer, and in between reading the manuscript of the new book, most of which was created during a time of great pain for me. With fresh eyes and a healing soul, I was able to see just how angry and sarcastic the attitude of the verse was. Admittedly, I was shocked at the tone and knew, much to the dismay of my agent, that I would need to rewrite several chapters to soften my "let the dead bury their dead" mindset for a softer and more gentile orientation. In my book, as in my life, I needed to recapture my natural loving approach. I was hopeful Egypt would allow me to find it. It would.

From the moment I stepped of the plane into the arms of waiting friends and new extended family that came to welcome me, I knew I had found what I was looking for. The air, the energy, the spirit was different in Egypt. The calm, the simplicity, and the warmth engulfed me like a warm blanket, and the kindness of its entire people, my people, made me feel safe. Even in the midst of uncertain times of preeminent war I felt embraced.

I found myself one night, sitting in complete darkness on the living room floor wanting to cry but unable, wanting to yell, but voice muffled that that realized I was in need of change, radical and swift. I took a deep breath, dropped everything I was doing...

Anan's family took me to my hotel in Giza, a charming yet busy county in the heart of Cairo, where for the next several weeks I would awaken to fresh mango juice as the sun rose graciously over the Nile River (the "River of Life", as it is referred to by native Egyptians), and enjoy Egyptian body scrubs, wraps, and mud baths with mud compliments of the River Jordan. After settling in and changing clothes, I was sped me off to meet other family members waiting to welcome me to Egypt. Very quickly, Egypt welcomed me home, and I apologized for staying away so long.

Each day, I'd mediate and pray as the sun came up, and begin my morning workout by running along the Nile and then a visit to the hotel's well-equipped gym. I'd come back to my room and write for the next several hours to worried family and friends, who were not at all amused at the timing of my trip, to assure them I was safe. I'd write in my journal to record my memories, and of course now that my hands were free, I'd write new chapters of the book, with new inspiration and promise. I even took time to write to myself, a letter every day, which I would begin receiving upon my return home, reminding me to recall the good feelings I had experienced each day I lived in Cairo, and to never forget them.I haven't and I doubt that I ever will.

In the afternoons and evenings I'd explore the city, eating traditional home cooked Egyptian fare, and sitting in open-air cafés drinking hot tea or Nescafe – both staple drinks among Egyptians, as alcohol is practically forbidden and scarcely found except in tourist hotels because of Moslem beliefs. The combination of the fresh foods, pure fruit drinks, and water satisfied my body and my soul to no end. Everything about me was healing. I could feel it, and was out of control with the lasting feeling of love and peace all around me.

I traded in jeans and Timberlands for the traditional dress of Egyptian men and submerged myself in the culture, including prayer. I was amazed in this country of their devotion to the spirit. Five times a day, at different intervals, the call to prayer can be heard from loud speakers strung throughout the city. At the moment of the call, shops close, and the city nearly comes to a halt as people stop what they're doing to commune with God. What a magnificent sight to behold and participate in no matter what your religious beliefs or ideology. It was amazingly freeing.

I spent the rest of my time in Cairo doing all that I had ever dreamt to do. I took a long visit to the Cairo museum, which maintains the largest collection of ancient Egyptian artifacts and memorabilia, rode horseback around the pyramids, and visited the infamous Sphinx. From Cairo, I flew to Aswan, a city in southern or "lower" Egypt, home of the Nubians, beautiful darker skinned Egyptians, many of whom looked like cousins, nephews, and friends. There I took a private sailboat around the Nile to visit Nubian villages, the Elephantine Islands, and Kitcheners Island, known for it's beautiful gardens. In the evening, I boarded a cruise to Luxor that for four days and three nights would captivate and endear me more to the history and to beauty, kindness, and spirit of the people of Egypt.

With ports of call in between the journey, I danced to African drumbeats in an outdoor café in Kom Obo with native tribesman, visited the temples at Karnak, Edfu, Luxor, the Valley of the Kings in Thebes, and made my way to Sharm el-Sheikh, a city on the southern tip of the Sinai peninsula, nestled between the Red Sea and Mount Sinai. This place, this holiest of holy places is where I laid my burdens down. And what better place could there be?

I baptized myself in the Red Sea, sprinkling the water through my locks and later that night, with Anan's father – a devout Moslem – in tow, met with a group of others making the pilgrimage to the Holy Mountain, commonly called, Moses Mountain, where God once made His presence known to man. The three-hour ride in the darkness of Egypt lit only by the brightest stars I've known prepared us for a four hours ascent to the top of the Holy Mountain where we would watch the sunrise at dawn. The grueling climb nearly took its toll, but I was determined to plant my feet on Holy land and sit for a while in conversation with God.

And so it was, there on the very top of Mount Sinai I watched the sun come up and I sat still, quietly, and I wept. I cried and I prayed and I prayed and I cried and I cried and I prayed again. I knelt down on that mountain that day and could not stop the tears from flowing. I asked God for forgiveness, for counsel, and advice. I asked God not only to remove the wounds of my heart, but also the circumstance that caused them. I asked God for a new perspective, new light, new love, and newness. I asked God for new peace. He answered.

And as I descended the mountain that early morning, it suddenly dawned on me that I was standing in God's presence. Never have I felt so blessed to be so close and so loved. Never have I felt so free. So energized, and so ready to approach new adventures with love and tenderness. And just as I was basking in this newfound glory, God, in all of His magnificence showed me another gift. A gift of remembrance, for it was exactly one year to the day that my troubles had all began; yet I had never felt so much love in my heart, and in my mind, and in my soul. I knew that God had heard my call out to find my love again. And here on this day, at the top of the Holy Mountain of Sinai, the Spirit Reminded Me, that it was there all the time.

This is lovingly dedicated to the memory of my late father,
Bobby (Love) Jackson – I love you, always and always.

Peace, Blessings, Light, Love
Sundiata Najja Alayé

Got Milk?
good
wear a
condom
pocc
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org ·718-230-0770

By Dr. David Malebranche

Did you know that:

- **Life expectancy for black men is 7.1 years shorter than for all men.**
- **Forty percent of black men die prematurely from cardiovascular disease, compared with 21% of white men.**
- **Death rates for HIV/AIDS are nearly 5 times higher for black men than white men.**
- **Black men have the highest rates of oral cancer.**

Maybe you're reading these statistics and saying, "Yeah, I knew that." Or, maybe you respond like I do, and say two things: 1) "Why are we always the bottom dwellers when it comes to health statistics?"; or 2) "Why do we always have to be compared to white men?" Regardless of the nature of your response when you read these grim statistics, it is obvious that we cannot ignore them, nor can we think the only solution to our health problems is simply giving brothers pamphlets with education on selected diseases.

Have you ever wondered if there was a genetic factor that cause men, particularly black men, to be more susceptible to diseases than our white male or black female counterparts? Something linked to our Y chromosome that predisposes us to these adverse health outcomes? Or maybe you've wondered why there are women's and children's health centers, but few similar options for men? Or why breast cancer marches, research and health initiatives are well supported in the black community, while similar enthusiasm for prostate cancer lags behind?

Earlier this year, I ran across an article by a psychologist in Connecticut named Jim O'Neil that described a concept called **Gender Role Conflict.** This is defined as "a set of values, attitudes or behaviors learned during male socialization that causes negative psychological effects on a person or other people." In other words, the way we are raised as men, and the expectations placed on us as men, can cause negative individual psychological and interpersonal interactions in our lives that ultimately impact our health outcomes.

Dr. O'Neil and his colleagues in Connecticut describe Gender Role Conflict as having 4 categories:

1. **Success, Power and Competition –the persistent worries about individual achievement, upward mobility, fear of failure and career success.**
2. **Restrictive Emotionality –the difficulty or fear we have in finding words to express emotions (like saying "I love you" to a partner).**
3. **Restrictive Affectionate Behavior Between Men –the fear we have and the limited ways we express feelings, thoughts and emotions to other men.**
4. **Conflict Between Work and Family Relations – the pressure to balance work and family relationships.**

As men, we are expected to succeed, to be the breadwinners, and to be ego-driven enough to compete with other men at any and all opportunities; we are expected to be strong, to not cry, and keep our emotions to ourselves; we are expected not to openly express our friendship or intimate love to other brothers for fear of being labeled a "sissy"; and we are expected to be all these things while we simultaneously prioritize our families and try to fulfill the role of the "strong shoulder to lean on" when things get rough.

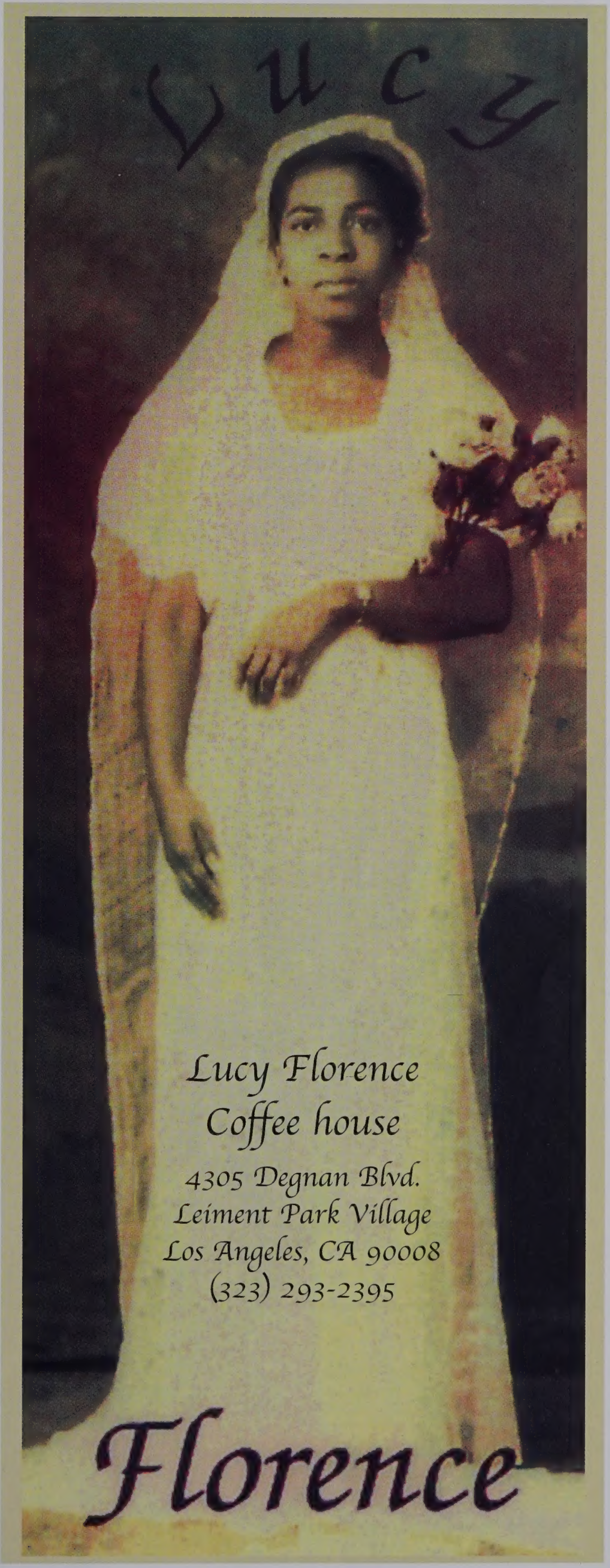
While these are not the only pressures and stresses we experience as men, the four categories above give a good description of some of the daily pressures all men experience. What makes this even more relevant for the health of black men and other men of color is when we add the factor of racial and sexual discrimination on top of these baseline male expectations: the open and hidden racial discrimination that keeps us from securing jobs, accessing education, and ensures our disproportionate presence in this nation's correctional facilities; the subtle and blatant racial profiling and media imagery that constantly tries to undermine our sense of self-worth; and the added burden and pressure of not being seen as "a real man" by our community, families, friends, co-workers and church communities is that we are same gender loving.

On one level, the stress and expectations of our roles as black men in this society impact us psychologically. We feel like we are failures if we are not successful in our careers, if we don't provide for our families, or if we have homosexual desire and have to negotiate that with the expectations of having a wife, kids and a three-picket fence home. This leads to depression and low self-esteem, which can lead to social isolation, alcohol and drug abuse, crime, domestic abuse, poor sleep and dietary habits, and irresponsible sexual behavior that may be an attempt to compensate for inadequate feelings of masculinity.

On another level, the stress and conflict to live up to manly expectations may drive us to neglect our health and health care maintenance. We may feel that we don't have time to go to a doctor or healer because we are too busy trying to be successful or the "rock" for our families. Or, we may think the appropriate way to handle any physical symptoms or illnesses we may experience is to just "suck it up and be a man," or wait to go to seek healthcare until it's an absolute emergency. Either way, it's a recipe for health disaster.

Brothers, we are under a tremendous amount of pressure to fulfill societal expectations not only as men, but also as the over-sexualized, hyper-masculine, athletic, sexually promiscuous stereotypes of black men that are force-fed to us everyday. If we are really are to make a dent in improving these health disparities we see among us, it is imperative that we acknowledge these stressors and our reactions to manhood expectations, and not allow them to govern how we prioritize or mental, spiritual and physical health. On top of that, we need to better look out for each other, support and encourage our brothers to get help when we see them struggling. How you find the individual solutions to these conflicts and stressors depends on what may work best for you – but the first challenge is to acknowledge that we are having trouble fulfilling these roles, and too many of us are in denial about that in the first place.

It's takes a bigger man to recognize and seek help when he's overwhelmed and feeling weak, than to ignore his health for the sake of fulfilling a mirage of what a "real man" truly is. As always, love yourself, and hit me up at dmmd69@aol.com with any comments, questions, or suggestions for future columns. Much love.



Lucy Florence
Coffee house
4305 Degnan Blvd.
Leiment Park Village
Los Angeles, CA 90008
(323) 293-2395

phill wilson

Recently, Vaxgen, a Brisbane, California-based biotech firm released data from its AIDSVAX trials in North America, the Netherlands, and Puerto Rico. According to the company, black and Asian participants in the study responded differently to the vaccine than the whites and Latinos in the study. The trials were the first to test the effectiveness of an AIDS vaccine. They found that the vaccine did not work overall, but it was more than 75% effective in protecting black volunteers from infection with HIV, the virus that causes AIDS. Although the results released by Vaxgen are very interesting, it is too early to make any firm conclusion about the ultimate impact of the AIDSVAX vaccine candidate on the AIDS pandemic.

Given the disproportionate impact of the HIV/AIDS pandemic on people of African descent, in Africa, the Caribbean and the United States, the Vaxgen announcement further underlines the need for black people to be involved in vaccine development on every level, every step of the way. There must be black vaccine researchers, black clinical trial sites, black volunteers, black reporters covering the vaccine beat, and black analysts and clinicians evaluating the results.

AIDS vaccine tests results show African-Americans responded differently than other groups – and that means African-Americans in particular need to get involved in AIDS vaccine research and advocacy, Black AIDS Institute Executive Director Phill Wilson said. Wilson called for increased efforts to develop an effective AIDS vaccine.

"Because we suffer disproportionately from AIDS, we should be more involved than others in demanding more research and making sure the research is applicable to our community. The possibility of a vaccine that works only for African-Americans should jumpstart black America's involvement in the vaccine development and approval process," Wilson said.

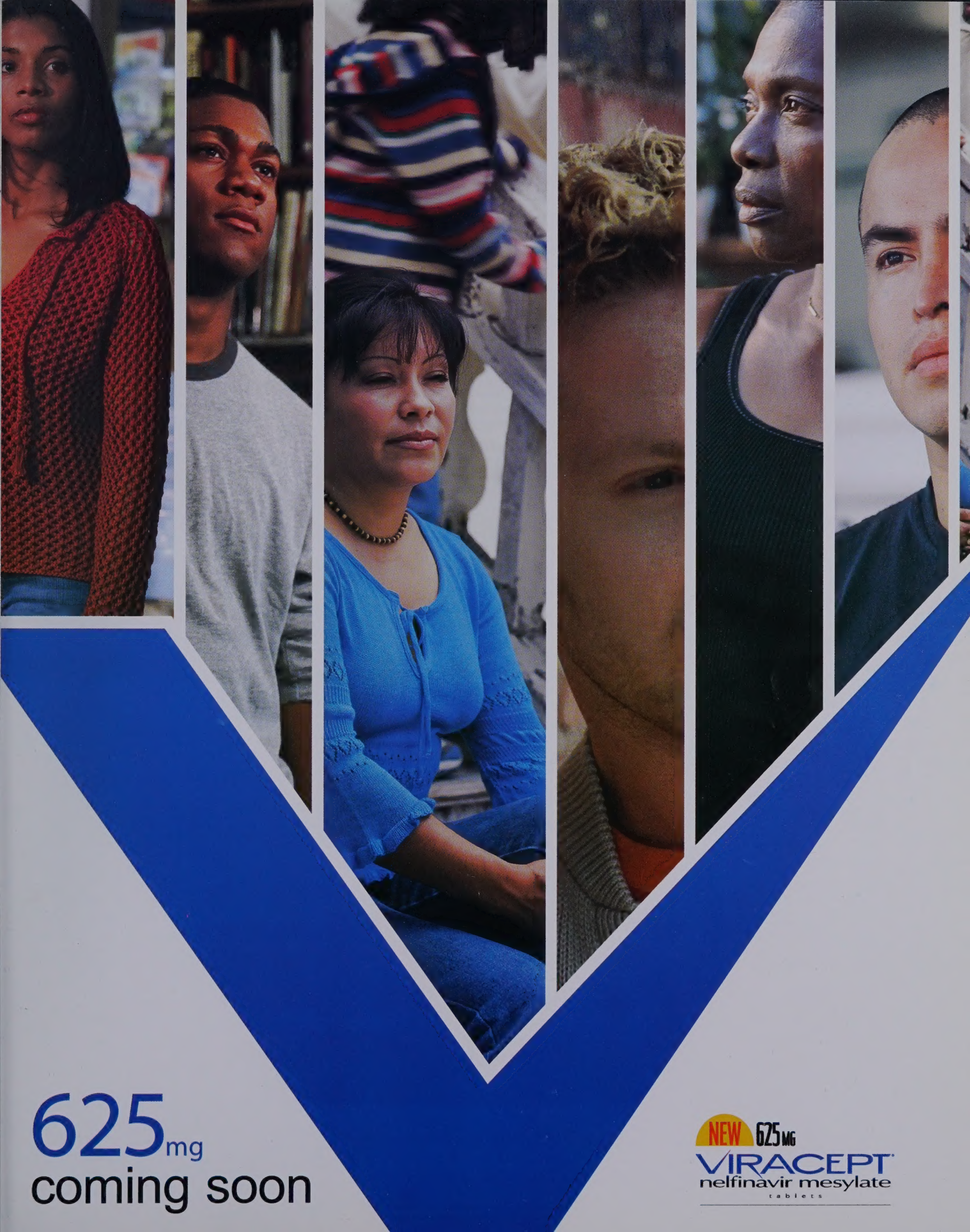
Wilson cautioned that the hope for a vaccine should not distract from the work needed today to spread the word about AIDS in the African-American community.

"However promising this vaccine may look for black people, it is a promise for tomorrow. Today, we in the African-American community have work to do. We still have to focus on getting people tested, getting them informed, getting those who are infected treated, and getting everyone in our community involved," Wilson said.

The ultimate weapon against HIV will be a vaccine. A preventative vaccine is critical for Africans, African Americans and other communities of color who are already disproportionately impacted by other chronic illnesses. Vaccines are also essential for individuals, communities, and countries that cannot afford expensive HIV therapies. Only a vaccine has the potential to eradicate an illness from the face of the earth. To this end, African Americans must participate in vaccine development, trials and readiness. We must prepare our communities for HIV vaccines by educating each other about the benefits and limitations of vaccines. "In the meantime", says Wilson, "we have to find out who's infected. Get those who are infected in treatment and keep those who aren't free from HIV."

AIDSVAX is an experimental preventive HIV vaccine that is made up of a synthetic copy of the surface protein of HIV called gp120. Because ADISVAX is made up of synthetic or genetically engineered materials that lack all the elements required for infection, it cannot cause HIV infection.

5,400 people were involved in the AIDSVAX trial from the United States, Canada, Puerto Rico and the Netherlands. 5,009 volunteer trial participants completed at least three immunizations. Of the 5,009, 3,330 received vaccine and 1,679 received a placebo. Eighty four percent (4,185) were white, 6% (326) were Hispanic, 10% (498) were black, Asian or of mixed race/ethnicity, 6% (314) were black. Five percent (268) were women. Most of the black participants were in the United States.


625mg
coming soon
NEW 625MG
VIRACEPT®
nelfinavir mesylate
tablets

Get the inside info on all our 2004 Subaru action figures. Call 1-800-WANT-AWD or visit www.subaru.com.
The ABC's of Safety: Air bags. Buckle up. Children in backseat. Shown with optional equipment.

Nice package.

Rainbow card

Subaru is the proud Founding Sponsor of the Rainbow Endowment, whose Visa Rainbow Card has raised nearly $1.5 million for gay and lesbian health, civil rights and cultural causes. For more information or to apply, visit www.rainbowcard.com.

SUBARU

DRIVEN BY WHAT'S INSIDE™